



Longridge High School

Excellence and ambition from all, for all

Mental Health & Wellbeing Policy

Name of Person Devising Policy	Kerrie Rogers
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Signature of Headteacher / Chair of Governing Body	
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Longridge High School Mental Health & Wellbeing Policy 2022

Legislation

This policy has been drafted in conjunction with the following legislation and guidance documents: -

<https://www.legislation.gov.uk/ukpga/2002/32/section/175>

<https://www.gov.uk/government/publications/mental-health-and-wellbeing-provision-in-schools>

<https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges>

[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](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)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE 2021 September guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1069687/Mental health and behaviour in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1069687/Mental_health_and_behaviour_in_schools.pdf)

<https://www.gov.uk/guidance/teaching-about-mental-wellbeing>

<https://pshe-association.org.uk/topics/mental-health>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality Act Advice Final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality_Act_Advice_Final.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1080047/KCSIE 2022 revised.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1080047/KCSIE_2022_revised.pdf)

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Scope

This document describes the school's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff and governors. This policy should be read in conjunction with the following policies:

Policy	Reason
Attendance	Pupils with SEMH often have issues with regard to attendance.
Behaviour	Pupils with SEMH may sometimes demonstrate challenging behaviour. Many pupils with SEMH are at risk of exclusion because of their underlying social, emotional and mental health concerns.
Child Protection	SEMH and some aspects of CP often have close correlations.
LAC Policy	The emotional development and resilience of pupils can often be hindered significantly as a consequence of home life.
Exams Policy	To ensure the examinations do not increase the levels of anxiety and SEMH issues for our pupils.
RSE / PSHE Policy	Young people can find this phase of their life challenging. These subjects will help to educate them on recognizing the signs of poor mental health and mental health conditions, managing their emotions and self-care activities to keep their mental health positive.
Safeguarding Policy	Poor SEMH can potentially lead pupils into extremism and radicalisation.
SEN Policy	Where a pupil has an identified special educational need.

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Statement of Intent

“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)

We at Longridge High School believe that positive mental health and wellbeing is fundamental to educational attainment and social inclusion, linking into our shared vision of ‘Excellence and ambition, from all, for all’. Our ultimate aim is for our staff and pupils to feel happy, safe, supported and valued during their time with us.

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 2022 states that with regards to Mental Health: -

45. All staff should 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.

46. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Education 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. Schools and colleges can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies.

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47. 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 following the return to school after the COVID-19 school closure), 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 have now upskilled to fill the gaps in our provision in school.

Aims of this policy

- Longridge High School aims to support all pupils and staff in maintaining positive mental health and wellbeing. This will be achieved by the fostering of excellent relationships across the school community.
- 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.
- Work with parents and outside agencies to provide the best possible support for our young people.
- Early intervention and prevention of serious issues developing in both our pupils and staff
- 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.
- To avoid discrimination based on mental health related illnesses or disorders.
- Promote positive mental health activities and self-care, so that pupils learn to manage their emotions and are able to understand and express their feelings. This will lead to more confident and resilient young people who have a greater capacity to learn and cope with stress.
- Increase the awareness and understanding of mental health to reduce the stigma related to mental health amongst our school community.
- Put in place supportive measures for those experiencing negative changes to their mental health.

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How we will achieve our aims

- Ensure all members of our school community feel valued.
- 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.
- By having a whole school approach to promoting positive mental health and wellbeing within an ethos of high expectations and ongoing support.
- Targeted support and appropriate referral.
- Enabling staff to respond to early warning signs of mental-ill health in pupils.
- Curriculum teaching and learning to promote resilience and support social and emotional learning.
- Enabling student and staff voice to influence decisions, activities and focuses.
- Robust support systems in school, and close links with outside agencies to ensure our pupils and staff can access the appropriate level of help when needed.
- Well planned and engaging PSHE lessons, assemblies and themed weeks celebrating mental health and wellbeing.
- Encouraging kindness and building of resilience throughout our pupils and staff.
- Ensuring that staff have a voice in relation to mental health and wellbeing in the workplace through our staff wellbeing group.
- Addressing the CPD needs of our staff so that they are equipped to support pupils when called upon.
- Establishing peer support groups and training pupils to mentor others.

How we will support pupils

All staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some pupils 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. Staff should ensure that they report any concerns in a timely manner, and ensure that they have recorded their concerns on 'Safeguard'.

We believe in managing each case in its own right and understand that there is no one fit for all mental health issues. We encourage our young people maintain regular routines, such as attending school and lessons, as we believe this to be a key part of maintaining positive mental health.

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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 – Senior Mental Health Lead / Deputy DSL / Mental Health First Aid Level 3
Mr K Sutcliffe – Designated Safeguarding Lead (DSL)
Mr R Elder - SENDCO
Mrs R Jackson – Head of Year 7
Mr C Mochan – Head of Year 8
Miss K Stemp – Head of Year 9
Mrs N Taylor – Head of Year 10
Miss K Webster – Head of Year 11
Mrs R Edwardson-Pye – Pastoral Support Officer (Year 7 & 8)
Mrs J Mills – Pastoral Support Officer (Year 9)
Mrs S McCann – Pastoral Support Officer (Year 10 & 11)
Ms L Murdock – Pastoral Liaison Officer / Early Intervention / Mentor / Blossom Tree Co-ordinator
Ms C Shorrock – Early intervention / Mentor / Menopause Champion
Mrs S Evans – Early intervention / Mentor / Mental Health First Aid Level 3
Mrs J Singh – School Counsellor
Mrs W Hall – School Nurse

What we will look out for

School staff may become aware of warning signs that 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 our Mental Health Lead, DSL or the pupils Head of Year. Parents may also see these signs in their own child. They should contact school or their own GP for help and advice.

Possible warning signs include: -

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping sport 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

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This is not an exhaustive list and if parents, carers or staff are concerned they should contact the Senior Mental Health Lead, Designated Safeguarding Lead (DSL) or the pupils Head of Year.

If there is a fear that the student is in danger of immediate harm then the normal child protection procedures must be followed with an immediate referral to the Designated Safeguarding Lead (DSL) or deputies if the DSL is unavailable. If the student presents a medical emergency then the normal procedures for medical emergencies must be followed, including alerting the Pastoral Office, first aid staff and contacting the emergency services if necessary. If there any concerns about a pupils safety and welfare, we must ensure that all checks have been made, the relevant staff have been notified of the concern and their family have been contacted prior to the pupil leaving the school site.

Where a referral is required, including to Child & Adolescent Mental Health Services (CAMHS) or other external agencies; this will be led and managed by the Senior Mental Health Lead. Staff referrals to occupational health or other agency support for mental health and wellbeing will be led and managed by the Headteacher and/or Business Manager.

Our offer to pupils: -

Universal Support

This means ensuring all children are safe, happy and free from bullying which will have a significant impact on pupil wellbeing. All of our pupils are therefore supported in the following ways: -

- Our Heads of Year, Form Tutors and year group team, Pastoral team and attendance officers are key in the early identification of mental health issues and for putting in place interventions to help our pupils.
- Access to well-planned and engaging PSHE lessons to educate our pupils about mental health issues and how to manage their own mental health.
- Access to **mentoring** as an early intervention to prevent mental health issues escalating (accessed through our own internal referral system).
- Access to our **school counsellor** to help those experiencing poor mental health to develop strategies to help them cope with the changes (accessed through our own internal referral system).
- Through our SENCO, pupils can be referred to an educational psychologist, our specialist ASD teacher or have access to a tutor to alleviate the stress and anxiety that may be caused by any additional needs, learning or educational difficulties.
- **School Nurse Service** – Virgin Care have a service level agreement with Lancashire County Council to work with schools in the county. We can refer into this service for pupils showing early signs of a mental health issue.
- **TAPP (Trainee Associate Psychological Practitioner)** – based in local GP surgeries and can work with pupils in the early stages of a mental health issue developing.

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- **CAMHS Primary Mental Health Worker (PMHW)** – We have access to support from a PMHCW from Preston CAMHS. This means that we can look to them for advice on finding the right pathway for our young people.

Selective / Targeted Support

This is for targeted groups or pupils identified as having an increased risk of developing a mental health disorder or illness. Selective interventions can have the biggest impact on pupils struggling with poor mental wellbeing. To support our pupils who have been identified as presenting with a mental health issue we can offer access to or referrals into the following services: -

- School Nurse Service (Virgin Care)
- TAPP (Trainee Associate Psychological Practitioner)
- Action for Children
- Local Youth workers / youth groups
- Brook
- Bereavement support
- Blossom Tree project (more details later)
- Targeted Youth Support (TYS – more details later)
- LGBTQ+ Group Local
- Youth workers / youth groups
- Kooth (this is an online mental wellbeing community where young people and their families can access free, safe and anonymous support).

Indicative/Specialist Support

This level of support is usually external agencies, such as CAMHS, or charitable organisations that provided often therapeutic support. We pride ourselves in having close links with our local mental health support teams, and work closely with them to ensure the best level of care is received by our pupils. Referrals can be made to these services when other interventions have been tried first but there are still some unmet needs or difficulties being experienced by our young people. Agencies that we work in partnership are: -

- CAMHS
- Child Action North West (CANW)
- Child & Family Well-being Service (CFW)
- Children and Young People's Wellbeing Practitioner (CYWP)
- N-Compass – Butterfly and Phoenix Project
- GPs
- Children's Social Care
- START (Specialist Triage Assessment and Referral Team)
- Action for Children
- Brook
- Eating Disorders Service
- Early Intervention Service

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CAMHS

Preston CAMHS work closely with schools, and have increased their support with the allocation of a Primary Mental Health Worker to schools in the district. CAMHS use the 'Thrive Model' (below) when looking at how best to support young people: -



CAMHS are able to offer support from a number of Mental Health Workers, Therapists, Psychologists and Psychiatrists, as well as specialist ADHD and ASD nurses and Family therapists.

Practitioners involved at each stage	
<ul style="list-style-type: none"> Form Tutor Head of Year Mentors Senior Mental Health Lead Designated Safeguarding Lead SENCo Specialist Teachers School Nurse Kooth Youth Mental Health First Aiders PMHW 	<ul style="list-style-type: none"> School Counsellor School Nurse Kooth EHA / CFW / CANW Encompass PMHW GP Tried and Tested Strategies
<ul style="list-style-type: none"> CAMHS RAIST (Rapid Assessment Intensive Support Team) A&E if needed Police if needed Children's Social Care 	<ul style="list-style-type: none"> CAMHS CPS Eating Disorders Service Early Intervention Service Children's Social Care CFW

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Signposting

In addition to us making referrals on behalf of our pupils and their families, we will also signpost parents to some of the agencies above in order for them to self-refer. We also recommend the following online resources: -

Mental health advice for young people, by young people

<https://www.childrensociety.org.uk/mental-health-advice-for-children-and-young-people/issues-affecting-young-people>

Mental health support for young people

<https://www.mind.org.uk/>

<https://youngminds.org.uk/>

<https://www.kooth.com/>

<https://www.lscft.nhs.uk/Mindsmatter>

<https://www.headstogether.org.uk/>

<https://www.anxietyuk.org.uk/>

<https://www.childline.org.uk/kids/>

<https://www.childline.org.uk/toolbox/calm-zone/>

<https://www.annafreud.org/>

<https://www.mentallyhealthyschools.org.uk/>

Childline Phone Number – 0800 1111

How parents and carers can help support mental health

<https://www.mentalhealth.org.uk/publications/make-it-count-guide-for-parents-and-carers>

Support on all parenting issues and mental health -specific to teenagers

<https://www.mumsnet.com/teenagers>

<https://www.mumsnet.com/teenagers/mental-health-issues>

Support for families

<https://mindedforfamilies.org.uk/#/>

<https://www.thecalmzone.net/> (Campaign Against Living Miserably – advice for Men)

Breathing exercise for stress

<https://www.nhs.uk/conditions/stress-anxiety-depression/ways-relieve-stress/>

Mindfulness

<https://www.nhs.uk/conditions/stress-anxiety-depression/mindfulness/>

<https://www.calm.com/>

<https://www.headspace.com/>

Safeguarding

Childline - 0800 1111 <https://www.childline.org.uk/>

NSPCC – 0808 8005000

<https://www.nspcc.org.uk/>

help@nspcc.org.uk

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Our in-house selective support groups

The Blossom Tree Project

Objectives

- To learn new skills or increase existing skills in different activities e.g. through dance/exercise, drama, creative tasks, jewellery making, performance skills, group work etc.
- To take part in activities as a diversion away from harmful behaviour.
- To set personal challenges and overcome fears.
- To celebrate personal strengths and qualities to improve self-awareness self-esteem and confidence.
- To increase knowledge of personal safety including issues around drugs, alcohol, cyber-bullying, internet safety etc.
- Improve self-esteem and overall attendance and behaviour in and out of school.
- To increase knowledge and understanding of issues that affect young people, such as eating disorders and self-harm.
- To understand about appropriate and inappropriate relationships.
- To increase awareness of sexual health issues and know how to access sexual health services
- To empower young people to make informed choices.
- To develop relationships with other young people and adults.
- To signpost to other agencies if necessary.

This early support project will address the needs of targeted young people who attend Longridge High School. This is so that they can take advantage of physical, social and recreational activities that will help them to overcome social disadvantages in order to improve their quality of life and divert them away from activities or behaviour which may be detrimental to their health and well-being.

Support will be met by project leaders and various local support agencies which may include Targeted Youth Support, Police, Arts and crafts etc. in order to give education and support on issues to meet their needs - sex and relationships, grooming and sexual exploitation, alcohol and drugs awareness, eating disorders, self-harm, internet safety etc. This will enable participants to realise the dangers and make informed choices to keep themselves safer.

We will provide a relaxed and informal space where young people feel comfortable and welcomed. We will provide refreshments and all necessary resources to deliver the programme of activities. In addition to the delivery by project leaders, specific workshops have been identified as being beneficial to address their needs through a holistic approach, giving them a wide variety of experiences to impact positively on their health and well-being and overcome any disadvantages they may be experiencing.

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Therapeutic art sessions provides an excellent way of improving self-esteem and encouraging confidence and self-expression. It develops individual skills and the ability to work with and relate to others. It will teach young people about empowerment - what it is and how to give it to ourselves, how stereotypes affect our self-esteem and what constitutes a positive role model. Good communication is vital in society and increases one's ability to show empathy, promote awareness of others, and build assertiveness and resilience which young people can use successfully as they move towards independence.

The young people will be identified as needing support through current poor attendance, poor behaviour, low-self-esteem, and confidence issues etc. The groups will be no more than 10 which will run for 12 weeks which will be after school 3.10pm - 5pm.

How do we know it has had a positive influence on pupils?

- Increased attendance
- Improved behaviour and attitude in and around school
- Impact on overall GCSE results.
- Improved relationships with teachers.
- Willingness to learn and attend revision classes, improved friendships with others.

Feedback from pupils

1. How did you enjoy the sessions?

The best, helps when you are feeling down, makes me feel happy, less stressful, the sessions are fun and a safe place where you can be yourself, makes me feel better, fab environment, since I have been coming to the Blossom Tree I've been more comfortable about talking to people when I need to.

2. Do you feel that you can talk about how You feel and that you are listened to?

Yes, very understanding and supportive, support is always there, I feel listened to and very comfortable, nobody judges you, you can talk about anything and it's private. No matter how big or small your worries are always listened to.

3. Do you feel positive and able to deal with situations better?

Made me think my actions through before reacting, I feel more confident in myself, taught how to deal with situations better, feel more positive.

4. Have these sessions been valuable to me and my learning?

Start to see progress within myself, started coming back into school. The sessions made me feel more like myself, the sessions made you teach you how to cope with stress, 100% positive atmosphere and motivates you!

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Youth Targeted Support group (also known as TYS)

- Have delivered programmes to groups of 8, for Year 9 boys, Year 9 girls and Year 8 girls.
- The focus of the groups are to help young people with self-esteem and body image to support young people build self-esteem and resilience.
- Work on 'Friendships and Relationships' - to have increased knowledge around relationships with others and what makes the relationships positive and how to build these.
- Boys Mental Health Group – this group will be set up to work with approx. 7 boys to talk about their mental health and emotional wellbeing.
- Mental health groups for Year 8 and 9 pupils – to give young people an age appropriate understanding around emotional and mental wellbeing, understanding and managing feelings and anxiety. Coping mechanisms will be explored and services appropriate and available to young people will be shared.

The groups are evaluated at the start and finish using a radar to measure the impact the programme has had on the young people taking part.

Butterfly & Phoenix Project

- The Butterfly and Phoenix Project have delivered a 6 week programme in school focussing on bereavement with a group of pupils who have recently lost close family members.
- They also offered 1-1 counselling sessions for the group of young people who attended the group but still needed support.

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Staff Wellbeing

The school is committed to ensuring the wellbeing of all its staff by providing a safe, secure and supportive environment for all. This section of our Mental Health and Wellbeing Policy outlines the measures that will be taken to promote the positive mental health and wellbeing of our staff.

It is intended that this policy will also educate our staff to recognise signs of poor mental health in their colleagues, as well as pupils. Through the steps outlined in this policy, we will ensure that staff know how to report issues regarding mental health and wellbeing, and ensure that all members of staff know where and how they can get help if it is needed.

We are committed to ensuring our staff have an effective work-life blend¹, providing them with the energy and mental health to perform their roles to the very best of their abilities. It is believed that good staff wellbeing can have a number of benefits for schools, including: -

- Positive impact on pupils, including improved educational outcomes, as both staff and pupils are more engaged
- Increased productivity of staff members
- Reduced absences from work in relation to sickness (both short and long term)
- Staff being able to manage stress better and develop healthier coping strategies
- Improved job satisfaction, which can support retention
- Staff feeling valued, supported and invested in

(¹ Work-life blend – rather than work-life balance. The latter means ‘work’ and ‘life’ are separate. It implies that when work ends, life starts. We want all staff feel and see purpose and meaning in their work – and being able to blend it into their lifestyle).

Legal Framework

This policy has due regard to relevant legislation, including but not limited to, the following: -

- Health & Safety at Work Act 1974
- Employment Rights Act 1996
- Employment Relations Act 1996
- Equality Act 2010
- School Teachers Pay and Conditions Document

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All staff, including the Headteacher, are entitled to enjoy a reasonable work-life blend. This is acknowledged in the School Teachers' Pay and Conditions Document (STPCD), which states:

"Governing bodies and Headteachers, in carrying out their duties, must have regard to the need for the Headteacher, teachers (and other staff) at the school being able to achieve a satisfactory balance between the time required to discharge their professional duties ... and the time required to pursue their personal interests outside of work. In having regard to this, governing bodies and headteachers should ensure that they adhere to the working limits set out in the working time regulations."

(2015 STPCD, Section 2, Part 7, paragraph 54.4)

Good work-life blend is an essential factor in staff effectiveness and satisfaction, which in turn supports pupil learning. It can help recruit and retain better motivated staff through giving them greater control of their working lives. This policy is written in recognition of these statutory provisions, and with our moral commitment to our staff and their right to an appropriate work-life blend. As part of its commitment to a positive work-life blend the school:-

- Recognises that effective practices to promote work-life blend benefits both teachers and pupils.
- Will promote the development of workable solutions and encourage a partnership between all staff and line managers.
- Ensures accountability systems are based on trust, respectful professional dialogue and proportionality
- Will develop, monitor and evaluate appropriate policies and practical responses that meet the specific needs of the school, having regard to fairness and consistency, and valuing teachers for their professional skills – not their working patterns.
- Will emphasise its commitment to work work-life blend to its staff on a regular basis.
- Will encourage senior leaders to lead by example.

Aims of this policy

The aim of this policy is to:-

- Provide a safe and secure working environment
- Provide a working environment which enables staff to work within a supportive community where they are able to carry out their duties effectively.
- Develop and maintain an open culture in which mental, physical and emotional wellbeing is taken seriously and in which staff are supported in order that they may seek help and support if it is needed.
- Encourage staff as individuals to accept responsibility for their own mental, physical and emotional wellbeing.
- Ensure that all staff are aware of the policy through regular promotion.
- Identify any barriers / hazards that could lead to poor staff health and wellbeing and reduce these where reasonably possible.

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- Enable employees to balance their working lives with their personal needs, interests and caring responsibilities, whilst still fulfilling their role in school and all of the tasks they are set.
- Assist the Headteacher and senior leaders in carrying out their professional duties.
- Enhance the teaching and learning experiences for pupils and in turn, their outcomes.

Policy implementation

Role of the governing body

The governing body, and in particular the welfare committee, will monitor the efforts undertaken to ensure the wellbeing and work-life blend of all staff in the school. In the implementation of policies, initiatives and requirements of staff, they will consider the potential negative impact on staff wellbeing.

Role of Headteacher and Senior Leadership Team

The Headteacher and Senior Leadership Team will build a culture of trust where staff feel valued, can be open about their health and wellbeing and know how to access support if they need it. The Headteacher and the Senior Leadership Team will also model good mental health and wellbeing behaviour and practice..

Role of Staff Wellbeing Team

The Staff Wellbeing team will meet once per half term to discuss wellbeing matters. They will be responsible for providing a platform for staff to voice any ideas they have on how to enhance wellbeing and any concerns they have for themselves or colleagues. The Staff Wellbeing team will work closely with the Senior Mental Health Lead / AHT to draw up a Staff Wellbeing Charter

Staff consultation

The involvement of staff is key to the success of this policy and the wellbeing culture described. Staff will be consulted, directly on occasions and through the staff wellbeing team at other times, over the introduction, monitoring and ongoing evaluation of the policy and its impact. Staff will be offered regular opportunities to highlight concerns over staff wellbeing and be asked for feedback on wellbeing events, including being asked for suggestions on how we can enhance wellbeing at Longridge High School.

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Individual monitoring

As well as consultation with staff, the following measures will be adopted to monitor work-life blend and individual workload concerns:-

- Provision of up-to-date job descriptions, with duties and responsibilities relating to individual teacher's roles clearly identified and staff consulted prior to any changes.
- Consultation between the Headteacher and new appointees and those promoted internally, six weeks after they take up their new post, to explore work-life blend issues and to see if the school can offer further support.
- Properly conducted exit interviews, or use of an exit questionnaire, when staff resign to find out if problems with work-life blend played a part in the resignation.

Ways that staff can contribute to a positive wellbeing environment

The school encourages all staff to take personal responsibility for their own wellbeing. Members of staff are responsible for:-

- Demonstrating the expectations outlined in the school's code of conduct.
- Implementing meeting guidelines and other advice included in this policy.
- Ensuring they speak to another member of staff if they are encountering difficulties.
- Keeping shared areas such as classrooms, staff rooms, kitchen, offices etc. tidy and being considerate as to their use. This includes being mindful of the impact our teaching spaces have on the pupils we teach and ensuring a calm and orderly environment.
- Keeping in mind the workload of other members of staff when setting meeting dates or activities and events.
- Keeping in mind the workload of other members of staff and ensuring unnecessary interruptions are minimal – or non-existent.
- Valuing all members of staff in the school and acknowledging the important role that everyone takes.
 - Acknowledge the work of all staff both collectively and individually.

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Ensuring a good work-life blend Commitment to work-life blend:-

Staff employed by the school are trusted and respected. When teaching is effective, the school adheres to the following good practices of work-life blend:-

- Teachers will not be required to provide evidence of the work that they undertake, other than that which arises naturally through the agreed QA process.
- Teachers will use the agreed school marking policy which will take into account workload and will be reviewed annually.
- There will be no requirement to produce detailed lesson plans, or to hand them in for scrutiny.
- Lesson visits will be limited to a maximum of three per year, except in cases of concern and, in accordance with Ofsted advice, such observations will not be graded according to the Ofsted evaluation schedule.
- Peer observations will be positively encouraged.
- Communication from leaders will consistently be clear, timely and concise.
- Staff will only be asked for the statutory required number of data collections per year.
- Staff will receive advice and support to enhance their own wellbeing.
- An annual calendar of meetings, deadlines and events will be provided to staff so they can plan ahead and manage their workload in such a way as to help maintain a positive work-life blend. Staff are consulted and balloted on holiday and INSET patterns.
- If, because of unexpected pressures, a member of staff recognises they may not be able to meet a particular deadline then they should inform their line manager at the earliest opportunity to discuss how they can be supported in completing the task.

Directed time

Following consultation, staff will be provided at the beginning of each academic year with a breakdown of directed time, setting out their commitments in terms of teaching, PPA time, leadership time and meetings.

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New initiatives

Before their introduction, all new initiatives will be considered by senior leaders in terms of their impact on work-life blend. The following questions will be considered:-

- What will be the benefit of the new initiative for pupils and staff?
- Will all teachers (and non-teaching staff) be equally affected by any changes to working practices?
- How much time will teachers need to spend on this new initiative?
- Are additional resources needed and, if so, have they been made available (such as time)?
- Will it lead to other activities no longer needing to take place, or being undertaken by, for example support staff?
- What, if any, will be the net increase in working hours?
- Does the policy conflict in any way with the teachers' contractual entitlements as set out in the STPCD?

All new initiatives will be monitored at set periods.

Meetings

- The Headteacher will consult with staff working parties (such as unions) regarding directed time for both full-time and part-time staff.
- Meetings for teachers will not go past the agreed and allotted finish time – and will be held on no more than an average of one evening per week during a term, with a maximum of two evenings in any one week for senior leaders and/or in exceptional circumstances.
- Meetings should not exceed a maximum of one hour in duration.
- Meetings will be timetabled at the beginning of the academic year and should always have a clear purpose articulated prior to the beginning of the meeting.
- Agendas will be prepared and circulated in advance and it is the responsibility of those calling, directing and leading meetings to ensure effective time management.
- Meetings will terminate when their purpose has been achieved, even if this is before the allotted one-hour duration.
- Part-time teachers will not be required to attend meetings or come into school for other purposes on days when they are not required to be available for work under their contract of employment.
- In weeks where other events such as parent consultation meetings take place, meetings will only be held in exceptional circumstances.

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Our offer to Staff: -

Universal Offer

- Staff wellbeing policy (this document)
- Dedicated staff room and work rooms
- Drop in sessions
- Staff Wellbeing Team available for staff to speak to about concerns they have about their own wellbeing or that of a colleague
- Staff Wellbeing Group to work on strategies and ideas to improve Staff Wellbeing, and to give staff a voice
- Staff training on managing mental health issues amongst children and young people
- Culture of no blame and stigma for mental health needs of the school community
- School Counsellor
- Strong commitment to ongoing staff training and development, including engagement in NPQ programmes
- Appraisal process that follows a developmental approach rather than performative
- Feedback boxes where staff can share (anonymously) ideas for improvement and model any good practice to be shared with other staff

Selective / Targeted Offer

- Supervision
- School Counsellor
- Training around mental health
- Standing item on department and line management meetings regarding the wellbeing of staff in the department
- Wellbeing events for staff – Wellbeing hour during INSET time, staff quizzes in House teams.

Indicative / Specialist Offer

- Education Support Partnership
- Occupational Health

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Training

Staff will receive training in child mental health so that they can recognise and respond to mental health issues. This will form part of their regular safeguarding training and is a requirement to keep children safe.

We will post all relevant information, and additional information, on our school website so staff can learn more about child mental health. We will consider additional training opportunities for staff and we will support additional CPD throughout the year where it becomes appropriate due to developing situations with pupils.

Staff can undertake Mental Health First Aid Training to upskill and enhance their confidence in dealing with pupils mental health issues.

Other information for staff supporting pupils in school

Managing disclosures

All members of the school community should be encouraged that they can start a wellbeing conversation no matter how small they may deem their concern to be. Students will be reminded in their PSHE lessons and Form Time of their support network and how to approach these individuals should they wish to share a mental health concern about themselves or others.

Staff may include a poster on their door/notice board outlining times when they are available to have a wellbeing conversation.

When approaching a person to start a wellbeing conversation, the pupil or adult may express that their mental health is not optimal, but may not be able to describe how they are feeling.

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'.

For more information about how to approach conversations about mental health and disclosures sensitively see the Appendix.

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Reporting and recording Mental Health and Wellbeing concerns

Any mental health discussion with a student which is considered to be low risk with no immediate safety concerns should be referred to the Form Tutor and Head of Year. The Tutor will contact parents / carers to arrange a meeting (face-to-face/over video call if possible) and will remind the young person of their support network as well as the importance of seeking support no matter how small their concern may seem to them. The Form Tutor will signpost to the 'Pupil Wellbeing and Mental Health' zone of our website for self-care support and guidance. The Form Tutor and Head of Year will discuss the need for further interventions. If this discussion deems that the pupil is in need of further support, a referral should be made, either to our mentors, school counsellor or an outside agency.

All disclosures should be recorded on 'Safeguard' and / or 'Pastoral & Safeguarding' section on Synergy, and if there is a fear for the immediate safety or wellbeing of the young person, an immediate referral should be made to the Designated Safeguarding Lead and the Senior Mental Health Lead, with the aim of ensuring that the child / young person is safe **prior to them leaving school** the day of the disclosure. All incidents must be recorded in a timely manner.

To ensure clarity when logging incidents, staff should follow the format below when posting an entry on either Safeguard or Synergy: -

- The name of the pupil being harmed
- The name(s) of the person(s) causing the harm
- Date & time of the incident
- Any information relating to previous incidents between the pupil being harmed and the person(s) causing the harm.
- Summary of the incident
- Any actions taken (this is essential)
- Follow up within in the week

For the purposes of the DSL or Mental Health Lead / Deputy DSL being able to deal with incidents fully, information about what has been done prior to staff logging the issue must be provided e.g. have they informed the Head of Year (who then must follow up with what they have done regarding the incident), have they made a phone call home, have they checked that the child is safe, have they spoke to the DSL or Mental Health Lead / Deputy DSL face-to-face regarding the incident. By logging the details in the above way, staff are enabling the DSL or Mental Health Lead / Deputy DSL to effectively and efficiently deal with serious safeguarding and mental health concerns.

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Confidentiality

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

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent, for example, for students who are in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Senior Mental Health Lead (SMHL) and / or Designated Safeguarding Lead (DSL). This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with. We should also ensure that the appropriate people (SMHL and/or DSL) are informed of any concerns for a child's safety BEFORE they are allowed to leave the school the day they make the disclosure.

Parents must always be informed if:-

- A child has self-injured or disclosed that they have considered self-injuring
- A child suggests or expresses they are having suicidal thoughts or have attempted suicide
- A child discloses disordered eating behaviours

Pupils may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them. If allowing the pupil time to inform parents themselves, we must then ensure that this is followed up with a phone call to confirm that parents have been told.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead, or Deputy, must be informed immediately.

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Teaching about Mental Health

Our PSHE curriculum has a sustained focus on wellbeing issues and encourages a person-centred approach to exploring these. A curriculum which connects the facets of Health and Wellbeing Education with Relationships and Sex Education encourages students right from the beginning of their time at school to create and evaluate their support networks, understand how to approach people in our support networks to have a mental health conversation and how to read our own emotions and communicate them.

The Curriculum Lead for PSHE will ensure that all lessons on mental health provide up to date information and data. The will also offer workshops to staff for any areas of the curriculum relating to mental health that staff would like some additional training on.

Individual Care Plans

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

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- Who is their trusted adult in school
- What to do and who to contact in an emergency
- The role the school can play

Working with Parents and Carers

The school will support parents as much as possible. This means keeping them informed about their child and offering our support at all times. The school will, where deemed appropriate, inform parents/carers of any disclosures made by pupils in regard to their health and wellbeing.

To support parents we will:-

- Highlight sources of information and support about mental health and emotional wellbeing that we have in our school.
- Share and allow parents/carers to access further support.
- Ensure that parents/carers are aware of who to talk to if they have any concerns about their child.
- Give parents/carers guidance about how they can support their child's/children's positive mental health.
- Ensure this policy is easily accessible to parents/carers on the academy website

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Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends will learn unhealthy coping mechanisms. Support will be provided to individuals, or groups on a case by case basis. Where a member of staff has concerns about any child, these should be reported to the safeguarding team in line with the safeguarding policy.

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Assessment, Provision Mapping & Impact Measure

Identifying, supporting and referring pupils with mental health needs.

As part of our offer to pupils we will assess their level of need and decide which intervention is most appropriate and will ensure that the following points are made available / considered: -

- Provide a safe environment to enable pupils to express themselves and be listened to.
- Ensure the welfare and safety of pupils are paramount.
- Identify appropriate support for pupils based on their needs.
- Involve parents and carers when their child needs support if it is appropriate to do so and does not place the child at additional risk
- Involve pupils in the care and support they have.
- Continually monitor and review the support available to pupils and parents.

We will also assess the impact of any interventions using the following tools: -

- Entry / Exit Questionnaires (and compare)
- SDQ

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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



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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 Senior Pastoral leader. 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



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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	



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Request for Service

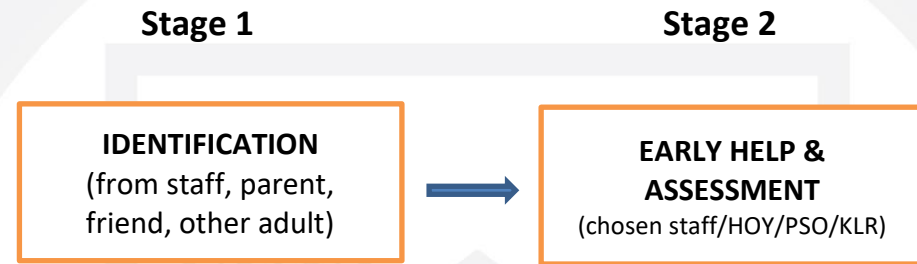
<p>Which service do you require (highlight as appropriate)</p>	<p>Mentoring School Counsellor Blossom Tree / UCan CAMHS (due to parents not having self-referred) Butterfly & Phoenix Project (Preston based pupils only) Child & Family Well-being Support (LJM) CAF assessment (LJM)</p>
<p>Reasons for referral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

Longridge High School Mental Health Support Map Pupils



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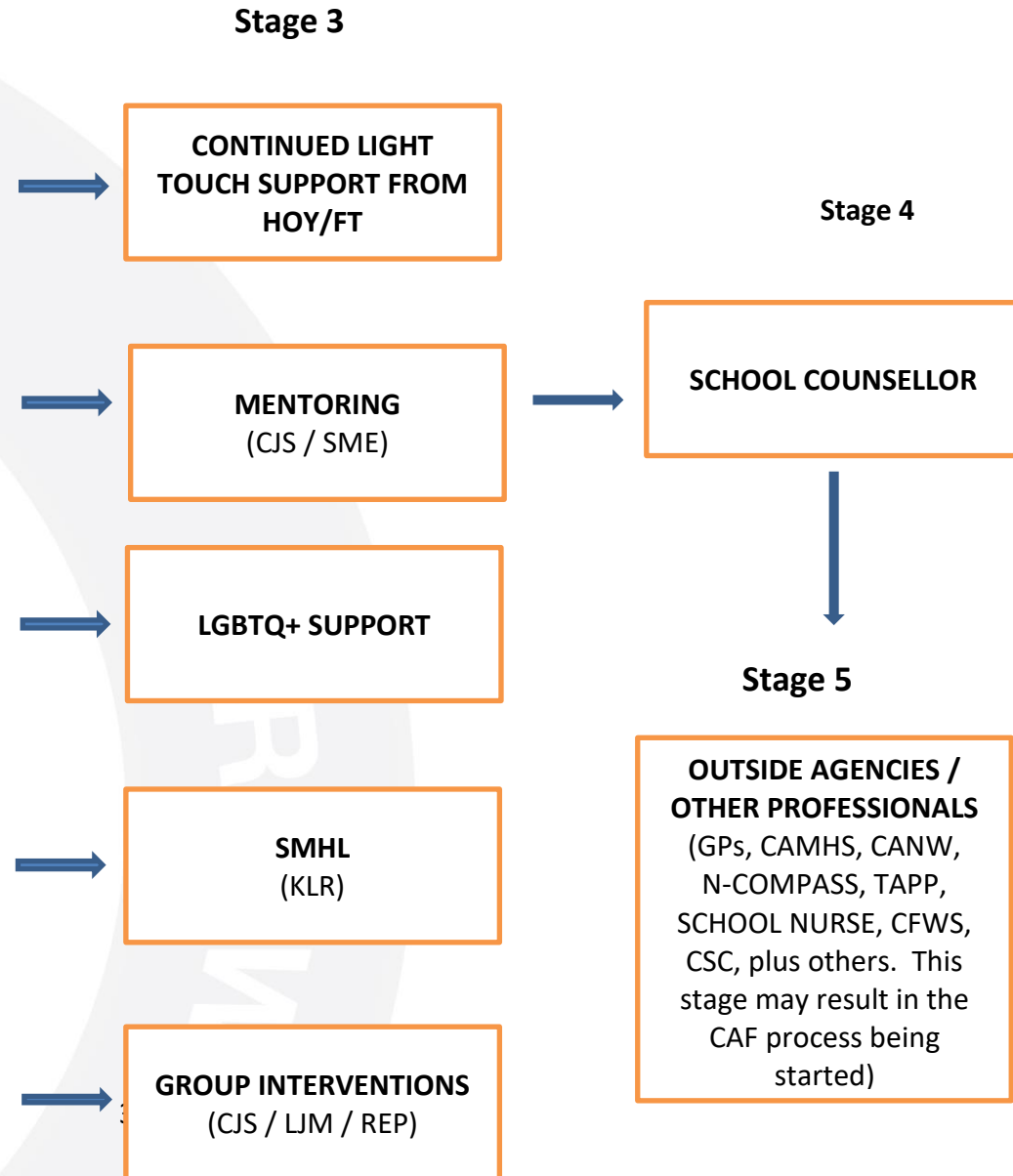
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There may be instances where following an initial assessment in school, we move straight to Stage 4 or Stage 5 if the issue is deemed serious enough.

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.

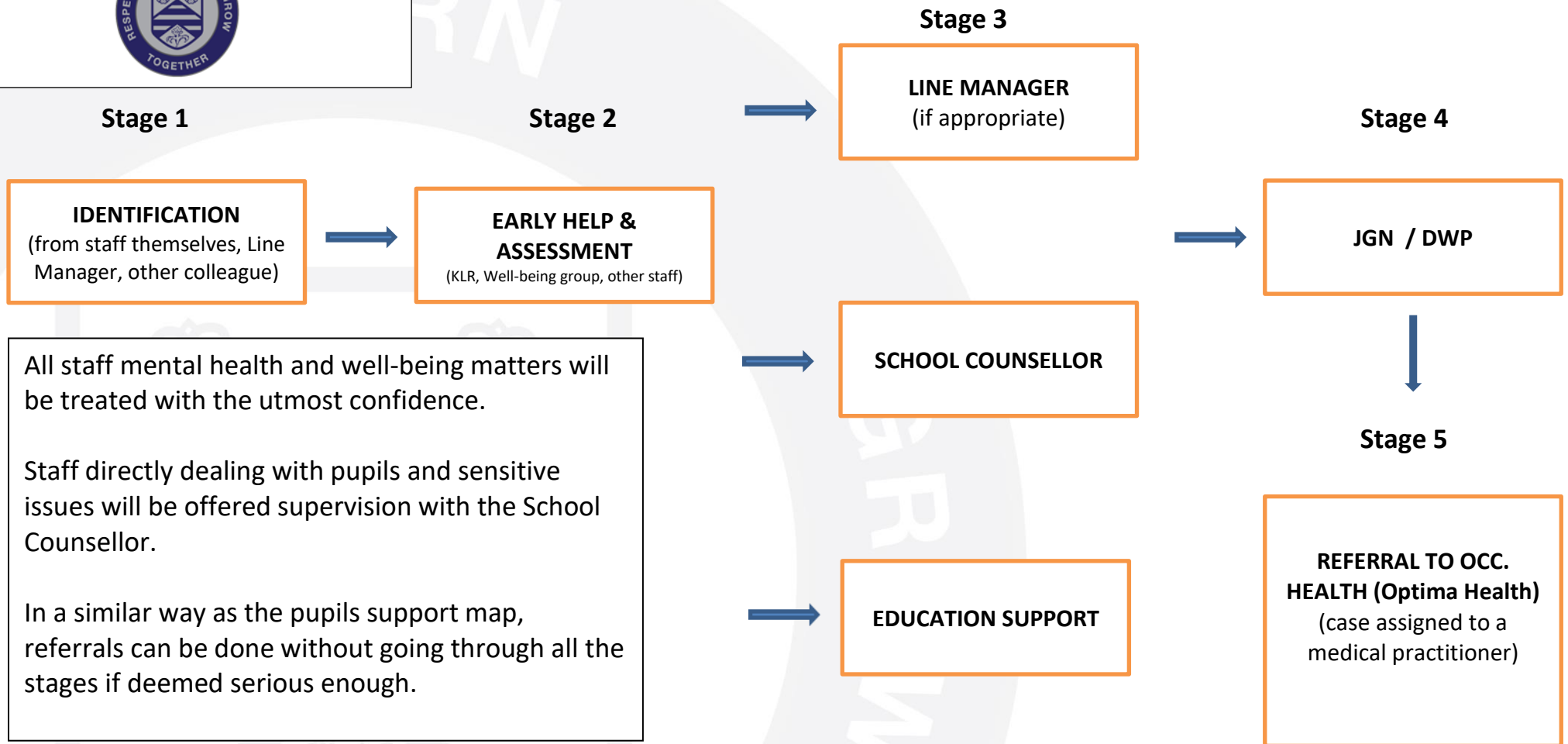


**Longridge High School
Mental Health Support
Map
Staff**



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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.



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Appendix

Glossary of Terms &

Having conversations with pupils regarding their Mental Health & Wellbeing

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Glossary of terms

Appendix A: Further Information about common mental health issues

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

Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Source: Young Minds and 'A Whole School Approach' by Joanthan Glazzard and Rachel Bostwick.

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, picking skin, pulling hair, self-strangulation or non-lethal overdoses in adolescents. Those more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves are younger children and young people with special needs are.

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

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

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

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Depression

Depression exists along a spectrum which ranges from mild to severe. 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. Children may become withdrawn, tearful and demonstrate persistent low mood. Other signs may be decreased energy, sleeplessness and loss of appetite. Ways to help alleviate depression can be to encourage engagement in physical activity, social activity and a healthy diet.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

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

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. Anxiety may be related to a specific phobia, for example fear of an object or a situation. Children with anxiety may display a range of symptoms, such as fearfulness, irritability, panic, breathlessness and sleep deprivation. 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

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

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Stress

Stress is the adverse reaction some people have to excessive pressure or other types of demand placed on them. Stress affects people in very different ways, with some having better ways of coping with stress than others in the same situation. There are many causes of stress on young people – exams, peer pressure, confusion about sexuality or gender, difficult home situation – and schools must be mindful of the effects that external factors can have on a young person's ability to cope. The period of time that young people are sitting their GCSE's can be a particularly stressful time for them.

Online support

www.youngminds.org.uk

<https://www.redcross.org.uk/get-help/get-help-with-loneliness/wellbeing-support/understanding-dealing-stress>

Books

The Anxiety and Stress Solution Deck: 55 CBT & Mindfulness Tips & Tools by Judith Belmont

Keep Your Cool: How to Deal with Life's Worries and Stress by Dr Aaron Balick (Dr) (Author), Clotilde Szymanski (Illustrator)

The Self-Care Kit for Stressed-Out Teens: Healthy Habits and Calming Advice to Help You Stay Positive by Frankie Young (Author)

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Susan Conners (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

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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

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

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

Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems / disorders

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. The desire to be thin or having issues with body image can lead to young people developing an unhealthy relationship with food. 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. Signs could be sudden loss of appetite, loss of weight, vomiting after food, anxiety or depression. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

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*

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Young people may also present with the following: -

Post Traumatic Stress Disorder (PTSD) – an anxiety disorder caused by a traumatic event in a child or young person’s past.

Personality Disorder – thinking, feeling or behaving in a very different way to the average person.

Conduct disorder – This is a behavioural and emotional disorder that is characterised by repeated and persistent patterns of anti-social, aggressive or disobedient behaviour that goes against social norms and affects the lives of others.

Bipolar – extreme mood swings.

Psychosis / Schizophrenia – Psychosis is where people perceive or interpret things in a vastly different way to those around them. Schizophrenia is a type of psychosis where someone is not always able to distinguish their own thoughts and ideas from reality.

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Appendix B: Having conversations with pupils regarding their Mental Health & Wellbeing

This section is intended to help staff who a pupil may have reached out to for emotional support, with suggestions on how to approach the conversation. This has been written up with the help of resources from Anna Freud National Centre for Children and Families. It is informed by a Cognitive Behavioural Therapy (CBT) approach, which is one of the therapeutic approaches commonly used to treat anxiety and depression. CBT is a talking therapy which can help people to manage their feelings or problems by changing the way people think and behave. This approach is recognized by the NHS NICE guidelines and is something that can easily be adopted to support children and young people.

- **Create a safe space for the conversation** – demonstrate that you are available, be available and allow the conversation to flow when the young person is ready and willing to talk. Often, young people find it easier to talk while doing another activity such as drawing, walking or baking.
- **Be calm** – Try to model a calm and measured response – children are good at noticing when someone else is anxious. By remaining calm, you will help the young person to be reassured that whilst things may be difficult, they can be managed.
- **Empathise and validate** – Whilst we want to reassure our young people and help them to find solutions to make them feel better, we must first spend time listening to them and show an interest in viewing things from their perspective. Try to avoid early reassurance, but recognise that these kinds of feelings are common and understandable. Explain to them that although the physical feelings we experience in our bodies when we are anxious can be unpleasant, they are normal. *'Are you still able to do things you like?'. 'Are you still able to do things that are normal to you?'*
- **Introduce alternative perspectives and ways of thinking** – A worry is a thought, not necessarily fact. Listen to the young person and try to understand exactly what they are concerned about, what are their worries and are their worries likely to happen? What would it mean if they did? Exploring alternative ways of looking at things might help to put their worries into perspective and in turn result in less anxiety-provoking conclusions.
- **Reduce environmental stresses** – Help the young person to consider and recognise what makes their anxiety worse: -
 - **Constant exposure to stressful stimuli such as too much social media?** Encourage them to take a social media break or reduce their screen time per day. Suggest taking their phone away from their bedroom at night to encourage better sleep routines or having strict times on when they switch off from all devices.
 - **Withdrawal of daily activities / hobbies that would previously have supported their mental health?** Encourage them to keep a good routine – schoolwork, exercise, relaxing, keeping in touch with friends and sleep. Emphasise the importance of self-care in maintaining positive mental health and wellbeing.

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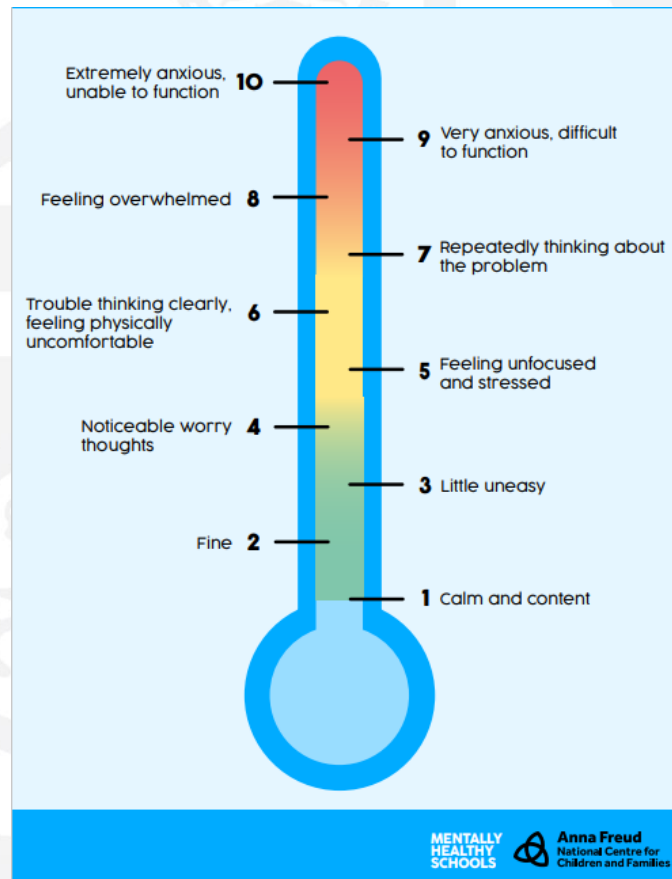
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- **Problem solving and coping** – Focus on emphasising confidence in the young person’s ability to cope and engage them in helping them to think about different strategies. For example: -
 - **Future and action orientation** - ‘...so what are we going to do about this? We can’t do xxx but we can do xxx’. ‘Is there anything you are looking forward to?’
 - **Holding the hope** – that somehow this situation will make space for something different and better to happen.
 - **Keeping up healthy habits** – maintaining school and home life routines.
- **Check in and monitor progress** – A critical part of the process is to carefully observe the impact of any suggestions you have made with the young person. This can be done using an ‘Anxiety Thermometer’ (see image below). Hopefully, by taking these steps the young person’s anxiety thermometer will reduce over time.



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Approaching a conversation with a young person: -

In addition to the 7 steps listed previously, we can also follow the 'C.A.R.E.' plan as follows: -

- **C = Check for any signs that there is a significant risk of suicide or harm**
 - Do they have any intrusive thoughts or suicidal ideations?
 - Are they threatening to hurt or kill themselves?
 - Have they made a plan to end their life?
 - Are they saying negative things about themselves?
 - Are they irritable, anxious, stressed?
 - Have they withdrawn from family, friends and / or society?
 - Mood swings and / or reckless behaviour?
 - Giving possessions away?
- **A = Apply non-judgemental communication skills**
 - Let the young person tell you how they are feeling and listen to what they have to say.
 - Give them time and have patience.
 - Maintain eye contact, keep an open body position and be aware of your tone of voice when speaking.
 - Use open ended questions rather than closed questions with 'yes' or 'no' responses.
 - Repeat back what they have told you to show them that you have listened. This also enables clarity.
- **R = Reassure and provide information**
 - Let the young person know that they have absolutely done the right thing in speaking to you and reassure them, that with support, they will begin to feel better soon.
 - Let them know that they are welcome to come back to talk to you again – they have reached out to you for a reason, most likely because they trust you and feel comfortable speaking to you!
 - Show gratitude to them for reaching out to you and sharing their feelings with you.
 - Don't try to diagnose or make assumptions – provide that reassurance and information about how and where they can get help and support.
 - If you believe they are in immediate danger, remain calm and stay with them until professional help has been arranged.
- **E = Encourage professional support and self-help strategies**
 - Follow the referral system in school to obtain help from a school mentor or the school counsellor
 - Consult the SMHL to discuss whether the child's needs meet the threshold for a referral to an outside agency.
 - Ensure that contact is made with parents to discuss your concerns and possible further interventions.
 - Encourage self-help strategies with the child / young person where simple changes to their lifestyle can help them to manage and improve their mental health.

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