
Queen Elizabeth's School

MENTAL HEALTH AND WELLBEING POLICY

1. Aims

At Queen Elizabeth's School it is our mission to produce young men who are 'confident, able and responsible'. To this the School would add 'happy' and 'resilient' - not least as it would otherwise be difficult to meet that initially stated mission, but also for the inherent good of these characteristics. Mental wellbeing is vital to achieving this mission and a boy's individual goals, be they academic, extra-curricular or career-related. The Department for Education is clear that 'poor mental health undermines educational attainment'.

Enjoying good mental health and being able to cope with, and respond robustly to, the challenges school and home life from time to time throw up is critical for a boy to be able to realise his full potential. The School is committed to doing all it can to support boys to ensure this; from the proactive promotion of wellbeing and prevention strategies, to supportive interventions by peers, staff and expert professionals.

This policy therefore aims to emphasise the importance of mental health to all-round health and to academic performance; to raise awareness of the characteristics of good mental health that the School seeks to establish; to set out how we support boys to achieve good mental health – including, but not limited to, our extensive Personal Development Time programme – and what steps we take to assist boys about whom there are concerns.

The School's approach is built upon the foundations of a broad and balanced curriculum, a comprehensive pastoral support system, a host of enrichment activities and the expert interventions of specially trained staff, as well as, where necessary, external partner organisations.

2. Context

It is important to recognise the increasing scale of the challenge regarding young people's mental wellbeing. Rates of probable mental disorders have continued to increase since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%) [NHS, 2021]. In the same survey 39.2% of 6 to 16 year olds reported experiencing a deterioration in mental health since 2017, rising to 52.5% among 17-23 year olds. It must also be remembered that the impacts can be long-lasting. 50% of mental illness in adult life (excluding dementia) starts before the age of 15 and 75% by the age of 18 [Annual Report of Chief Medical Officer, 2012]. By preventing the development of mental health disorders in our boys whilst at School, we can therefore help safeguard them against future problems.

In its attempts to do so, the School and its staff endeavour to remain alert to a full range of factors which could contribute to mental wellbeing and, conversely, those which could result in poor mental wellbeing. For example, technology and social media is having a transformational effect on the lives of young people. This presents fantastic opportunities, but also dangers. For example, it is estimated that 1 in 5 children aged 10-15 experienced at least one type of online bullying behaviour in the year to March 2020 [ONS Crime Survey, 2020]. These figures do not account for the extra time spent online as a result of the Covid-19 pandemic. Two-thirds of young people believe that the pandemic will have a long-term negative effect on their mental health [Young Minds, 2021].

Clearly, some mental health conditions cannot be prevented and require clinically-led treatment. In these cases the School will support boys through our Special Educational Needs and Disabilities framework, instituting and implementing individual care plans.

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In its departmental advice for schools, the Department for Education does, though, also stress the importance of building resilience in pupils as a means of ameliorating the impact of risk factors – such as disadvantage, neglect, loss, separation and traumatic events – and quotes research that concludes that:

‘Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one’s own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem-solving approaches.’

3. Qualities of good mental health

The World Health Organisation defines mental health as ‘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.’

This complements the organisation’s definition of health in general which stresses that ‘it is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’.

As such, our policy does not merely seek to avoid or address poor mental health, but to assist boys to enjoy the qualities of good mental health. The characteristics of good mental health include:

- Proper sleep patterns;
- Time for exercise;
- Eating healthily at regular times;
- Time to relax;
- Emotional resilience – self-acceptance as ‘good enough’;
- A sense of humour;
- Firm boundaries;
- Random acts of kindness;
- Undertaking regular outdoors activity; and
- A sense of perspective.

These characteristics will help boys to achieve the outcomes of the mentally healthy, which means they will have the ability to:

- Develop psychologically, emotionally, intellectually and spiritually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Utilise and enjoy solitude;
- Become aware of others and empathise with them;
- Play and learn;
- Develop a sense of right and wrong; and
- Face and resolve problems and setbacks and learn from them.

4. Strategies to promote mental wellbeing

The School endeavours to create an environment in which all boys enjoy a sense of belonging and feel able to share their feelings with their peers and with staff. As such, the School seeks to cultivate a supportive culture where all members of staff are approachable, led by the Headmaster and the senior teachers who comprise the Pastoral Development Group.

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Through the curriculum, Personal Development Time and enrichment activities, the School also seeks to help boys explore and discuss a range of relevant issues, helping raise awareness, promote good mental health and build resilience.

Specific strategies to promote and support mental wellbeing include:

4.1 Personal Development Time (PDT)

We want our boys to be happy and successful at School and to grow up to be confident, able and responsible adults. The extensive personal development programme fulfils an important function in giving boys an understanding of their responsibilities in the School and in the wider world. The aim of the Personal Development Time (PDT) programme is to foster, build and maintain resilient, well balanced, optimistic and mentally healthy young people.

PDT consists of four elements:

1. **PDT Taught Sessions:** Tutors deliver lessons from the scheme of work.
2. **Assemblies:** These are led by Heads of Year and reinforce messages from the PDT lessons.
3. **PDT Discussion Slots:** These focus on spoken communication with class discussion considering topical issues.
4. **Bespoke Tutorials:** One-on-one discussions between tutors and tutees which take place on a termly basis.

The various elements are outlined below.

Personal Development Time Taught Sessions and Assemblies

PDT aims to support boys in exploring and understanding their personal feelings, attitudes and values, and those of others, and to address moral and social questions relevant to forming healthy, enjoyable and fulfilling relationships. It seeks to support equality and inclusion by developing a knowledge and respect of different cultures, both within the UK and around the world. Whilst no longer structured on the basis of the 'seven learnable skills of resilience', the pastoral curriculum still promotes and explores the following skills:

- **Emotional awareness:** *being able to identify what you are feeling and express it.*
- **Impulse control:** *thinking before acting.*
- **Optimism:** *being positive but realistic to facilitate problem solving.*
- **Causal analysis:** *being able to consider problems from different angles.*
- **Empathy:** *providing social support for others.*
- **Self-efficacy:** *knowing your strengths and weaknesses.*
- **Reaching out:** *being open to accepting support or trying new approaches.*

Although this list is not exhaustive, it is intended to provide pupils a range of strategies to draw upon in their everyday lives. It is important that we help students develop resilience so they can realistically manage their expectations and disappointments in the absence of external support. PDT directly deals with common issues or experiences which could impact the mental health of children and young people, as relevant to their respective stage of development.

There are also fortnightly assemblies led by the Head of Year, and occasionally workshops organised, which allow boys to reflect on key messages from the PDT scheme of work, or carry out further related activities. Guest speakers for assemblies and our lecture programme also contribute to this.

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Personal Development Time Discussion Slots

Discussion slots focus on oral communication and allowing boys to develop in expressing themselves eloquently. Topic matter is age-appropriate and varies from topical discussion to pupils having a more in-depth discussion of topics covered in PDT.

Vertical tutoring also takes place at various points throughout the year, where older boys lead discussions with Lower School forms on topics such as coping with exam stress and GCSE option choices.

Bespoke Tutorials

Our bespoke tutoring process, which begins at the start of Year 7, ensures that each boy's performance and academic progress is monitored in detail once every term when boys have an individual meeting with their Form Tutors. In these one-to-one sessions, boys can talk about their progress and any issues which may be bothering them. Boys are expected to record the essence of these conversations in their diaries so parents will be able to see what was discussed.

Further one-to-one, or small group, meetings take place during pastoral checks where every pupil meets with a senior member of staff to discuss areas such as current progress, involvements, future choices, and careers aspirations. This adds to the ever growing 'portfolio' of insights that the School has in terms of its pupils and helps ensure that future targets, tasks or development objectives are made personal to each individual. Any issues can also be spotted early on and interventions implemented to assist the pupil as soon as is possible.

4.2 Our Curriculum

The School offers a broad and balanced curriculum which provides the opportunity for boys to study a range of different perspectives and methodological approaches. It encompasses a full and rounded examination of moral, social, cultural and spiritual issues and encourages independence of thought, providing space for boys to share their views and to pursue topics of importance to them via independent study. This helps generate a tolerant, respectful and progressive environment, whilst maintaining robust intellectual discussion.

There is also an obvious promotion of physical wellbeing through the curriculum, extra activities and facilities provided by the PE & Games department.

4.3 Enrichment activities

The School's extensive programme of academic and extra-curricular enrichment activities gives boys a huge range of opportunities to socialise with one another, meeting like-minded boys from across the School; to find what they are good at and have a passion for; to develop enhanced skills of leadership, organisation and mentoring; and to get physically active. All assist boys in experiencing healthier and happier lifestyles, known to contribute to good mental wellbeing. Competitive activities also help boys to occasionally face disappointment and cope with losing, increasing their capacity for resilience.

4.4 The House System

The House system is a means of supporting boys to feel a sense of belonging upon first entering the School, by providing a family-like structure. Within their forms, boys develop many of their earliest and often strongest friendships and also gain some of their first positions of responsibility as Form Captains, Form Representatives or by leading their peers in an enrichment activity. The House system also enables

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the vertical support structure of elder boys being linked to younger forms within their House, providing an additional source of advice and support for the boys that look up to them. Older boys are able to share their experience of going through many of the challenges that younger boys may at the time be facing and how they were able to secure positive outcomes.

4.5 Behaviour policy and rewards

The School maintains very high standards of conduct from all boys and sets out very clearly our expectations of behaviour and attainment. These standards are supported by strong policies and procedures to deal with matters related to behaviour, bullying and safeguarding – seeking to deal at source with issues which could otherwise come to undermine a boy's mental wellbeing.

The School works hard to encourage consistency between home and School and communicates regularly with parents to update them on boys' progress, addressing any issues that are arising and celebrating their successes.

There is a comprehensive programme of rewards and praise, ranging from merits and good notes, through to commendations, end of year awards and appointment to positions of responsibility. These have the aim of motivating boys, as well as recognising their commitment and excellence in a way that is intended to boost their confidence and sense of self-esteem.

Together these strategies help comprise the School's pastoral system, which is deeply embedded into the life of the School and all boys' day to day experiences.

5. Raising a concern and subsequent procedures

5.1 Everyone in the School community has a responsibility towards maintaining the wellbeing of each pupil, particularly adults for whom it is part of their safeguarding duty.

The following key principles apply if there is a concern that a pupil may be in need:

- Be alert to any emerging difficulties
- Don't promise confidentiality
- Respond early and communicate concerns quickly to the appropriate members of staff
- Do not keep concerns to yourself - this is especially applicable to other pupils and parents.
- All concerns should be taken seriously and handled sensitively.

A boy's teachers, in particular his Form Tutor, are well-placed to spot changes in his behaviour which may indicate a problem. However, a concern could arise in any number of ways, including through:

- Regular diary monitoring;
- Bespoke tutorials;
- Withdrawal from activities;
- Contributions (or lack of) to PDT;
- Changes in class conduct;
- Frequent or extended absence;
- Parental contact; or
- Testimony of a friend or peers.

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5.2 In each event a referral should be made, as appropriate, to the following:

- The boy's Head of Year – the member of staff responsible for their wellbeing;
- The Special Educational Needs Co-ordinator – responsible for supporting boys with special needs and disabilities. Maintains the School's links with external support services and clinicians;
- Mental Health First-Aid trained staff – senior pastoral staff are trained in Mental Health First-Aid and all staff receive appropriate training and guidance in this regard as part of the School's dedicated pastoral inset programme and annual safeguarding training; and/or
- The Safeguarding Team – if there is a safeguarding concern this should be raised with a member of the School's Safeguarding Team, led by the Designated Safeguarding Lead, in line with the School's Safeguarding Policy.

There are then a range of support measures that can be put in place to further assess the pupil and to meet their needs. These will be determined by staff trained to do so.

5.3 Internal monitoring

Staff will keep a closer check on the pupil concerned, ensuring that their progress and wellbeing is monitored and recorded and that activities are tailored to their individual needs, where required.

5.4 Peer mentoring

Boys may be offered and assigned a peer mentor from higher up the School. Peer mentoring recognises that boys will sometimes have problems that they feel more comfortable discussing with a fellow pupil. It also recognises that older boys, who may have faced similar challenges e.g. related to exam pressure, time management, or not fitting in, may also be more relatable for the boy in question and may be able to share their experience of getting through it. All peer mentors are trained for this purpose and are themselves supported to fulfil this role. The guidelines about reporting concerns and not promising confidentiality do also apply to peer mentoring relationships.

5.5 Staff mentoring

In other circumstances it may be more appropriate for a boy to be assisted and mentored by a member of staff to help them work through whatever problem they are facing.

5.6 Decisions to protect the wellbeing of pupils

When supporting a boy, the School will sometimes need to consider what is suitable for their needs with respect to certain activities and trips. The School may therefore take the decision to not allow a vulnerable boy to participate in activities where this could be otherwise be detrimental to the wellbeing of himself and others. This would be fully communicated to the boy's parents, should this arise. There is a general assumption that all boys will participate fully in both curricular and extra-curricular activities, unless there is specific reason not to.

5.7 Counselling

Where they would benefit from speaking to a specialist and external counsellor, this facility is available for boys. The School has an ongoing partnership with Rephael House, based locally in Barnet. This could be for an ongoing mental health disorder, or for where there has been a significant life event, such as a

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bereavement or separation. Counsellors arranged via this service are professionally trained and regulated. These services are available to boys throughout the School, with boys able to self-refer. Parental consent is not required for boys in the Sixth Form to access this service. The School also partners with specialist counselling services for particular issues, such as Greif Encounters for bereavements.

5.8 CAMHS & external agencies

Senior staff and the SENCo may have concerns which require a further professional and clinical assessment be made to ensure that a boy receives the support he needs. It may be that a diagnosis is required, or merely more intensive support, which goes beyond the School's resource or expertise. In these cases, a referral will be made, as appropriate, to the Children and Adolescent Mental Health Service (CAMHS) or another relevant external agency. CAMHS has access to Educational Psychologists, who specialise in young people's mental health. Only clinicians can make diagnoses and prescribe the medication that is occasionally required to treat or manage a mental health condition.

In these cases, the School will maintain close communication with the external agency and the boy's parents to ensure that suitable in-School support is offered at each stage.

5.9 Individual Care Plans

Where a boy is diagnosed with a particular mental health condition, or whereby wide-ranging and intensive support is required to assist him to access the curriculum and fulfil his potential, an Individual Care Plan may be produced in consultation with his parents and with those external agencies involved in his case. This plan – which follows the format long-established for supporting those with other health or SEND conditions – would offer guidance to staff as to how to support the pupil on a day to day basis, including what reasonable adjustments can be made to help their progress and wellbeing.

6. Prolonged absence from School

In rare cases, a mental health condition could lead to long term or regular absence from School. Similarly, prolonged absence for another reason, such as illness, could result in the development of mental health problems linked to isolation or depression. In all cases the School seeks to support boys to attend School whenever possible, as it enables the fullest range of assistive measures to be put in place. Where this is not possible, the School will institute a bespoke programme of support, with work being sent home via eQE and/or by post, with regular reviews and frequent contact with parents to ensure that the boy is aided to continue his learning whilst he recovers. This process would be managed by the boy's Head of Year – or another appropriate member of staff – and the arrangements made may make adjustment to the application of the Pupils' Attendance Policy in their case.

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Appendix 1 – Details of common mental health conditions

Anxiety

Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships.

Children and young people may feel anxious for a number of reasons – for example because of worries about things that are happening at home or school, or because of a traumatic event. Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. If they become persistent or exaggerated, then specialist help and support will be required.

Clinical professionals make reference to a number of diagnostic categories:

- **generalised anxiety disorder (GAD)** – a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event;
- **panic disorder** – a condition in which people have recurring and regular panic attacks, often for no obvious reason;
- **obsessive-compulsive disorder (OCD)** – a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true);
- **specific phobias** – the excessive fear of an object or a situation, to the extent that it causes an anxious response, such as panic attack (e.g. school phobia);
- **separation anxiety disorder (SAD)** – worry about being away from home or about being far away from parents/carers, at a level that is much more than normal for the child's age;
- **social phobia** – intense fear of social or performance situations; and
- **agoraphobia** – a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.

How to help a pupil having a panic attack:

- If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.
- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible.
- Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own.
- Be a good listener, without judging.
- Explain to the pupil that they are experiencing a panic attack and not something life threatening and that they will soon recover.
- Assure the pupil that someone will stay with them and keep them safe until the attack stops.

Depression

Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships.

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Depression can have a range of symptoms, which may differ depending upon the pupil's developmental stage. If you are concerned that a pupil may be suffering from depression, you should make a referral to the relevant member of the pastoral/safeguarding team, as per the policy statement.

Eating Disorders & Body Dysmorphia

Eating disorders can emerge when worries about weight begin to dominate a person's life. Whilst more prevalent among girls, boys can also develop eating disorders. The most common eating disorders are:

- **anorexia nervosa** – the person worries persistently about being fat and eats very little, leading to significant weight loss.
- **bulimia nervosa** – the person worries persistently about weight but can alternate between eating very little, and then bingeing. They vomit or take laxatives to control their weight.

Eating disorders can have very serious effects on a person's physical health, with organ-failure and death a possible outcome in severe cases.

There is also the problem of **body dysmorphia** – an anxiety disorder that causes a person to have a distorted view of how they look, leading them to worry about their appearance. This is an increasing problem among young males, exacerbated by the 'gym selfie' culture and can manifest itself in overtraining and the use of performance enhancing drugs, such as anabolic steroids.

Staff should remain vigilant for any signs that a boy may be suffering from an eating disorder or dysmorphia (overtraining/excessive use of the weights room; weight loss; regular absence; expressing negative views of their own appearance) and should raise any concerns they have with the pastoral or safeguarding team.

The proportion of children and young people with possible eating problems has increased since 2017; from 6.7% to 13.0% in 11 to 16 year olds, and from 44.6% to 58.2% in 17 to 19 year olds [NHS, 2021].

Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body, for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Concerns related to self-harming should be swiftly referred to the appropriate persons set out in the policy. In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the pupil at all times. If a pupil has self-harmed in school a first aider or the emergency services (depending upon the severity) should be called for immediate help.

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Where a disclosure is made related to self-harm – or another serious condition – staff should make clear that they may have to share what they are told with the proper person responsible for the boy's safety. Confidentiality must not be promised where a safeguarding issue is concerned.

The rate of hospitalisations for self-harm among young people has increased from 350 per 100,000 in 2011/12 to just under 450 per 100,000 in 2018/19 [Chief medical Officer's Annual Report, 2020].

*LINKED
POLICIES*

- Bullying Policy
- Educational Visits Procedure
- Enrichment Policy
- Equal Opportunities Policy
- Pupil Discipline Policy
- Relationships & Sex Education Policy
- Safeguarding Policy
- School Development Plan
- Special Educational Needs and Disability Policy

*REFERENCE
MATERIALS*

- Mental health and behaviour in schools (Department for Education, 2018)
 - Mental Health of Children and Young People in England (NHS, 2017)
 - Mental Health of Children and Young people in England – wave 2 follow-up to the 2017 survey (NHS, 2021)
 - Online bullying in England and Wales: year ending March 2020 (Office for National Statistics, 2020)
 - Chief Medical Officer's Annual Reports (2012 and 2020)
 - No health without mental health (Department for Health, 2011)
 - Supporting pupils with medical conditions at school (Department for Education, 2017)
 - The impact of Covid-19 on young people with mental health needs (Young Minds, 2021)
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Approved by the Governing Body on 4 November 2021

Signed

B.R. Martin, Chairman of the Governing Body