



**Friends' School Lisburn**

## **Wellbeing Policy**

### **Policy Statement**

*Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)*

At **Friends'**, we promote the positive mental health and emotional wellbeing of all our pupils and staff. Our school climate is characterised by a commitment to care, open communication, relationships of trust and co-operation. We acknowledge the importance of good mental and emotional health in terms of leading fulfilled and purposeful lives. Good mental health and wellbeing is not just the absence of mental health problems. We want all our staff and pupils to feel confident; have positive relationships with others; manage times of stress and be able to deal with change. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health.

### **The Policy Aims to:**

- Promote positive mental health in all pupils and staff
- Encourage pupils and staff to develop mental health literacy
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health in pupils
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their parents or carers

### **Lead Members of Staff**

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

- Mrs Ciara Lowe: Pastoral Lead Teacher and Designated Teacher
- Mr Stephen Alexander: Deputy Designated Teacher
- Ms Sarah Cochrane: Deputy Designated Teacher
- Our external school counsellors
- Year teachers

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Year Head in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection officer. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the school nurse and contacting the emergency services if necessary.

## Wellbeing of Pupils

### **Promoting Wellbeing**

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our PD programme and the 'preventative curriculum'. In addition to curriculum teaching, the following is in place:

- Mental Health awareness is a feature of our school assembly programme
- We have an annual Wellbeing Week, based around *TAKE 5 Steps to Wellbeing* (See **Appendix 1**)
- Our Sixth Form Wellbeing Committee meets weekly to discuss mental health issues and takes an active role in promoting mental health awareness throughout the school
- Our Junior Wellbeing Club meets weekly
- Wellbeing noticeboards are updated regularly
- Being active and use of outdoor spaces is encouraged
- 'Tooled Up' Education is used as a resource for staff and parents; our monthly school newsletter has a section dedicated to this
- Pupils are strongly encouraged to get involved in our wide-ranging extra-curricular programme
- Healthy eating is promoted

### **Counselling**

Counselling is provided by FamilyWorks NI and an independent counsellor. This means that we have counselling appointments available in school for two days every week. Referrals can be made by parents or pupils. This can be done by contacting Ms Cochrane, a member of the pastoral team, or completing the [Familyworks referral form](#). Sometimes it will not be possible for a pupil to be seen immediately; if this is the case, their name will be added to the waiting list. The counselling service will be responsive to pupils' needs and will operate as an integral part of the school's pastoral care provision. We will work with our counselling providers to deliver this service. A list of FAQs for parents relating to school-based counselling is detailed in **Appendix 2**.

### **Mental Health Issues**

One in six children aged five to 16 were identified as having a probable mental health problem in July 2021 (source: [www.youngminds.org.uk](http://www.youngminds.org.uk)). It is important for staff to be alert to signs that a child might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:

1. Anxiety and Depression
2. Eating disorders
3. Self Harm

(Please see **Appendix 3** for further details.)

### **Signposting**

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum.

### **Warning Signs**

Two important elements enabling the school to identify mental health issues are the effective use of data (i.e. monitoring changes in pupils' patterns of attendance/academic achievement) and an effective pastoral system whereby staff know pupils well and can identify unusual behaviour. School staff may become aware of warning signs

which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the appropriate member of staff on the pastoral team.

*Possible warning signs include:*

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- 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
- Skipping PE
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

### **Managing disclosures**

A student 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 student 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. In dealing with a mental health concern, staff should follow the 5 'Rs': Receive – Reassure – Respond – Report – Record. A pastoral note of concern or a safeguarding note of concern should be completed where appropriate (these forms are available on **Staff Resources**). If it is necessary for us to pass our concerns about a student on, then we should discuss with the student who we are going to talk to, what we are going to tell them and why we need to tell them.

### **Working with Parents**

In order to support parents, we will:

- Highlight sources of information and support about common mental health issues through **Tooled Up Education**
- Ensure that all parents are aware of which staff member to talk to if they have a concern about their child
- Make our **Wellbeing Policy** easily accessible to parents
- Ensure that parents know how to make a referral to our school counsellors

### **Supporting Peers**

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset

- Warning signs that their friend may need help (e.g. signs of relapse)

## **Training**

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe.

## **Wellbeing of Staff**

The school seeks to ensure that consideration of staff wellbeing is embedded in all areas of school life. Members of staff are entitled to be treated fairly and professionally at all times. The Board of Governors takes very seriously its duty of care as an employer to all members of staff and a number of policies and procedures have been made in relation to this duty. The Staff Manual provides easy reference to a wide range of information needed at different times by employees. All roles and responsibilities in the school are clearly defined in the management structure and in job descriptions. The Board of Governors is responsible for ensuring a safe working environment.

The Principal (supported by other members of Leadership Team) is responsible for ensuring that school organisation takes due account of the need to promote staff wellbeing, for example:

- making provision for strong channels of communication with staff
- considering and implementing changes in the organisation of work to try to forestall or solve difficulties that may arise
- making individual interventions such as short-term rehabilitation and return to work plans and longer-term reasonable adjustments to work

The Principal, Vice-Principals, Bursar and other members of Leadership Team encourage an atmosphere in which members of staff (teaching and non-teaching) feel comfortable in asking for help when it is needed. They seek to be sensitive to and to recognise early any factors in an employee's life that might precipitate stress-related issues. They act in a timely, supportive and proportionate manner when concerns arise. **Inspire Counselling** offers free, confidential and immediate support. You can contact Inspire by calling 0808 800 0002. Flyers are available from the Staffroom and further information is available from their website: <https://www.inspirewellbeing.org/workplaces>

The Staffroom Committee, which includes members from all areas of school life, promotes staff wellbeing and liaises regularly with a member of Leadership Team.

## **Policy Review**

This policy will be reviewed every 3 years as a minimum. It is next due for review in June 2025.

## **Appendix 1**

The school focuses on mental health and wellbeing through the Public Health Agency's **Take 5 Steps to Well-Being**:

**1. Connect**

Connect with the people around you: family, friends, colleagues and neighbours at home, work, school or in your local community. Think of these relationships as the cornerstones of your life and spend time developing them. Building these connections will support and enrich you every day.

**2. Be active**

Go for a walk or run, cycle, play a game, garden or dance. Exercising makes you feel good. Most importantly, discover a physical activity that you enjoy; one that suits your level of mobility and fitness.

**3. Take notice**

Be observant, look for something beautiful or remark on something unusual. Savour the moment, whether you are on a bus or in a taxi, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

**4. Keep learning**

Don't be afraid to try something new, rediscover an old hobby or sign up for a course. Take on a different responsibility, fix a bike, learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy. Learning new things will make you more confident, as well as being fun to do.

**5. Give**

Do something nice for a friend or stranger, thank someone, smile, volunteer your time or consider joining a community group. Look out as well as in. Seeing yourself and your happiness linked to the wider community can be incredibly rewarding and will create connections with the people around you.

## **Appendix 2**

### **FAQs for parents about the EA funded Counselling Service**

#### **What is counselling?**

Counselling provides an opportunity to talk in confidence to a qualified Counsellor about any issues/concerns. The issues raised will depend on the individual, but common themes are stress, relationships, bereavement or traumatic events.

#### **Who are the Counsellors?**

They are a team of professionally qualified and experienced people. Counsellors are trained to listen without judging and to help people sort out their thoughts and feelings about whatever is concerning them.

#### **Why do we need a Counsellor in school?**

Few of us are able to work well when we are stressed or unhappy. The impact of distressing or difficult situations can be felt even more acutely by young people than by adults. If pupils are able to receive emotional support from a qualified professional they will have greater opportunity to fulfil their potential.

#### **Where and when does it take place?**

A small, private room is made available in school during the day. Sessions can last up to fifty minutes and appointment times are varied so that time is not lost from any one subject. Counselling may last for just a few sessions or be longer term. The need is reviewed regularly between counsellor and pupil.

#### **Is it confidential?**

A key feature of the counselling service is that information is treated confidentially. Counselling is a time when it is alright to talk about concerns without fear of them being discussed elsewhere. This includes not discussing the counselling work with parents, unless the pupil requests or gives consent to this. This can be hard for parents/carers to accept at times, but ensuring the confidentiality of the work is crucial for establishing trust so that pupils feel confident to speak openly and freely about what is concerning them. However, if a pupil appears to be at risk of significant harm, this will be passed on to the school safeguarding team. The Counsellor will discuss this with the pupil first. All Counsellors receive supervision of their work to ensure the quality of their practice, and these sessions involve the anonymous presentation of casework. At no time will the pupil's name appear on paperwork.

#### **What if I don't want my child to receive counselling?**

If your child requests counselling and is able to understand what is involved in the process, then they have the right to access counselling. You cannot deny them this right. The Counsellor, however, would prefer to have your support for the work and is always happy to talk with you about any concerns that you may have about the idea of counselling.

#### **What if my child refuses to have Counselling?**

The decision about whether or not to take up the offer of counselling is entirely voluntary for young people just as it would be for an adult.

#### **Can I support the Counselling work?**

Yes, and this is welcomed. Experience shows that the most helpful thing a parent or carer can do is to show an acceptance of counselling as a normal and useful activity, and to show an interest if their child wishes to talk about it, but not to press them if they do not. Counsellors acknowledge that this is not an easy task, and it is quite natural for parents/carers to feel anxious about what may be being said in the sessions. It is hoped that talking with a Counsellor will lead to greater openness, but you may need to allow a little time for this to happen.

#### **If my child wants to see a Counsellor does that mean I am failing as a parent?**

Absolutely not! We all experience occasions when it feels hard to speak to those closest to us about things which are bothering us. Often this can be because we do not want to worry those we love best, or because we want help thinking things through with someone unbiased and removed. The Counsellor will not be judging you or your child, but looking to help them find their way through whatever is troubling them.

**How are referrals made to the Counselling Service?**

Referrals are made through the school's pastoral care system but the request may come from you, your child or a teacher. If a teacher makes the request we expect them to speak with the pupil first about why it may be a good idea. An initial session can be held with the young person to determine if counselling is an appropriate support in their circumstances.

**Evaluation and Feedback**

After the counselling has finished your child will be encouraged to give feedback. If there is any cause for complaint, you or your child are welcome to contact the Counsellor or the Counselling Provider who will try to resolve any issues of concern. Counselling is not compulsory, and a pupil may choose whether or not to attend. School counselling is not a disciplinary measure and must not be used as such.

**Professional standards and Data Protection**

All personal information will be held securely and managed in line with GDPR requirements. Counsellors deliver the service according to the ethical framework for good practice of a professional body such as the British Association for Counselling and Psychotherapy (BACP) and the Health & Care Professions Council (HCPC). Supervision and record keeping (within data protection guidelines), evaluation forms and complaints procedures are all within the code of their professional organisation.

### 1. Anxiety and Depression

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

#### **Anxiety disorders**

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years. All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried. Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives. Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

#### ***Symptoms of an anxiety disorder:***

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking
- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration/ memory and difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts
- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking

#### **Depression**

Depression is a common but serious illness and can be recurrent. Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis. Some people will develop depression in a distressing situation, whereas others in the same situation will not.

### ***Symptoms of depression:***

- Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide
- Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour
- Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains

## **2. Eating Disorders**

People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

### ***Risk Factors***

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement
- A home environment where weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement
- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical centre. Some warning signs are weight loss, dizziness/ tiredness, dull and lifeless hair, sore throats and tooth decay.

## **3. Self-Harm**

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils currently engaging in 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

***Risk Factors***

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Unreasonable expectations from parents or self
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family
- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers