



WELLBEING AND MENTAL HEALTH GUIDANCE AND STRATEGY

This policy is applicable to all pupils, including those in EYFS

The school is committed to the development of young people who understand how to live happy lives through their social connections, their balanced physical and mental health, and who flourish in their academic and co-curricular endeavours. The school seeks to nurture this through its aims, which prepare young people to live fulfilled, socially aware lives both at school and beyond their time at JAGS.

Our Aims:

Both in and out of the classroom

- To celebrate our diverse and inclusive community
- To champion social awareness and sustainability
- To empower courage, creativity and compassion in each student
- To inspire aspirational and authentic lifelong learners and leaders
- To nurture respectful, resilient and kind individuals

We aim to promote and maintain positive mental health by promoting healthy lifestyles and signposting students to mental health support via school staff, the curriculum and co-curriculum, and through signposting reliable external sources of information. Additionally, through the pastoral and counselling staff, we promote early detection and recognition of broad-spectrum mental health issues.

We aim to support and assist any pupil who displays signs of developing mental health issues commonly identified and other associated disorders. While this document is intended as overarching guidance for the general wellbeing of pupils, further information can be provided to all staff on matters such as self-harm, anger management, depression, low self-esteem, anxiety and managing eating disorders along with guidance on LGBTQ+ issues. Please refer to the DSL or DDSLs: Senior Deputy &/or Deputy Head People.

The Safeguarding policy and Anti-Bullying policies are central to all guidance. Any safeguarding concerns should be immediately referred to the Senior Deputy (Designated Safeguarding Lead) or one of the Deputy DSLs

Background Information

The World Health Organisation states that, 'Good mental health is related to mental and psychological well-being. WHO's work to improve the mental health of individuals and society at large includes the promotion of mental well-being, the prevention of mental disorders, the protection of human rights and the care of people affected by mental disorders.

Research into children's mental health and wellbeing has been accelerating in recent years and the DfE's State of the Nation 2019: Children's and Young people's mental health and wellbeing research presents a number of important

findings: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/838022/State_of_the_Nation_2019_young_people_children_wellbeing.pdf

'Current evidence on children and young people's wellbeing presents a complex picture: the influences on children's wellbeing are multifaceted, and becoming increasingly varied as children grow into young people with different pressures on their lives. A growing body of evidence indicates that their peer and family relationships, alongside their wider school and neighbourhood environment, have the strongest links to children and young people's wellbeing. Experiences of being bullied, parent relationships, feeling unsafe in their neighbourhood, and perceived economic inequality are key risk factors for poor wellbeing, whilst positive peer relationships and school engagement promote positive wellbeing. However, these protective and risk factors overlap in different ways in different groups of children; and they cut across many areas of their lives, experiences, and wider environment. The challenge this poses is understanding what affects whom, and when in their lives, to guide how we best equip children with the skills they need to support their own wellbeing for the range of experiences they face growing up.'

The issue of teenage girls being especially at risk of poor wellbeing is a pressing and timely issue. It has been highlighted in the recent publication of NHS Digital's Mental Health Prevalence survey, which found that almost a quarter (22.4%) of 17-19 year old women had an emotional disorder. This was in contrast to 7.9% of young men the same age, and an increase from prevalence rates in younger women where only 10.9% of 11- 16 years olds experienced a problem. This evidence sharpened the need to understand whether certain aspects of teenage girls' experiences drove this increase in emotional problems with age, and whether they were amenable to change'.

Mental Health Disorders can also affect physical wellbeing as well as seriously impairing academic performance.

Schools are uniquely placed to influence the mental health of children and young people. As well as being in a position to recognize the symptoms of mental health difficulties at an early stage, they can enhance the social and emotional development of children and foster their mental well-being through their daily responses to pupils. The Mental Health Foundation note the NHS publication findings, Mental Health of Children and Young people 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017> :

Factors Associated with Mental Health Problems

The survey also asked questions about a range of other factors and looked at their relationship to mental health. The figures show what many have been saying for some time: some groups in society are more likely to be affected by mental health disorders.

Income & Adversity

Disorders were more common among children living in lower income households and children whose parents were in receipt of low-income benefits. Disorders were also more likely among children who had experienced challenging life situations, such as their parents separating or having financial difficulties.

Children who had a mental disorder were twice as likely to have been bullied or cyberbullied in the previous year. They were also more likely to report that they had bullied or cyberbullied others, suggesting that both those being bullied, and the bullies themselves, may be in need of targeted support.

Identity

Young people 14 to 19 years old who identified as lesbian, gay, bisexual, or other were more likely to have a mental disorder (34.9%) than those who identified as heterosexual (13.2%)

Family and Relationships

Family and social support also had an association with mental health disorders. Rates of disorder were higher for children whose parents had a mental health problem, or who received disability-related income, and for children whose families had the lowest levels of functioning.

This was particularly pronounced for very young children (aged 2-4). 14.9% of children whose parents had poor mental health had a disorder themselves by the age of 4.

Children with a disorder were less likely to participate in school-based or other external clubs (e.g. afterschool clubs, sports, arts, music or drama clubs) and were more likely to report low levels of social support, and smaller social networks.

Behaviours

Certain behaviours were also associated with mental health. 11 to 16-year olds with a disorder were more likely to have tried a cigarette, an e-cigarette, or used illicit drugs.

Social media use was extremely common among young people (95.1% of 11 to 19-year olds reported using it, and 79.1% reported using it daily), and the overall use of social media was not associated with mental disorder.

However, *how* social media was used did show a relationship. Those with a mental disorder were more likely to use social media every day, use social media for longer periods of time, and were more likely to report that use of social media had an impact on their mood and/or made them compare themselves to others (particularly the case for young women).

Early Intervention

These figures illustrate how mental health disorders can occur from early childhood, and that their prevalence increases with age, particularly for young women. This highlights the importance of intervening early to prevent the development of mental health problems.

The factors associated with mental health disorders in these statistics point toward environmental and social influences that can act as important risk and protective factors for young people's mental health. Capitalising on opportunities to provide children with supportive environments early may be key for ensuring good mental health for all children and young people

COVID Related Concerns

Recent unprecedented times have brought the wellbeing of children to the fore. The need for routine, social interaction, development of the whole person has been thrust into the headlines. Children have missed physically

attending school for months. Doubtless, this has affected children and their families in a whole myriad of ways. School staff are at the forefront of this and nevermore has the 'non-academic' been a crucial part of school life.

Most recently, The Children's Commissioner's report, Putting Children First in Future Lockdowns highlights the need for collaborative thinking and that full lockdowns must balance the epidemiological benefit to children against the social and health costs to children of closures to schools, leisure/youth centres, etc. Any rights extended to adults must also be given to children in ways that work for them (e.g. the right to exercise, do sports or play outside). The report states that, 'There is a risk that some children will struggle to transition back to school after a period away. This could manifest in a number of ways, including failing to attend (or low attendance) and challenging behaviour. Schools should make pastoral care a clear priority and identify reasons for non-attendance or challenging behaviour and what support children need'.

It is in identifying this need that JAGS' pastoral strategy strives to address.

Staff are in a unique position to be able to respond early to pupils who show signs of early onset mental health issues. JAGS has the following in place to help pupils to cope with school life and deal positively with any issues that arise.

Whole-School

Policies, the PSHCE programme - which includes sessions on Relationships, Sex and Health Education and Mental Health, among many topics - the tutorial system, pastoral care, approaches to behaviour management, home-school liaison, bullying prevention and awareness, the school behaviour code and the peer-to-peer support of James Allen Mental Health First Aiders (JAMHFA) all have a part to play in promoting positive wellbeing.

Pastoral Provision

In the Junior School, the Class/Form Teachers, Deputies and Teaching Assistants have responsibility for the welfare of the pupils in their class. The Head of Pre-Prep and Head of the Junior School are ultimately responsible for the welfare and wellbeing of the younger pupils (including pupils in EYFS with reference to the EYFS Framework 2017). The pastoral systems in place seem to support the pupils the Buddy System, House system and assemblies. Age appropriate interventions are available, for example, Music for Learning and access to the school counsellor if appropriate. Specific well-being activities take place in the Prep. Membership of committees, School Council and positions of responsibility such as Form Captain encourage leadership. The Deputy Head Pastoral, Ms Kerri-Anne Bannon, oversees all pastoral care in the Junior School.

In the Senior School, each Key Stage is overseen by an Assistant Head who is responsible for the girls' pastoral care and academic progress, supported by Heads of Year and Form tutors. The pastoral system is overseen by the Deputy Head People, who is also the Senior Designated Lead for Mental Health. The Senior Deputy & Designated Safeguarding Lead, is supported by a team of Deputy DSLs: Dependent upon the size of the year group, the Heads of Year lead five-six form tutors. The Heads of Year usually move up with their year group within their Key Stage.

To ensure continuity of care, every girl's form tutor usually remains consistent through each Key Stage, changing as the girl moves up to the next Key Stage if appropriate. Every form tutor is responsible for the supervision, guidance and care of the pupils in his/her tutor group. They have the overview of the girls in their form, both pastorally and academically and aware of individual circumstances and needs. They also oversee and monitor each girl's involvement in extra-curricular activities and, through seeing them twice each day they are in an excellent position to be the first point of contact in the first instance should parents have any queries.

Well-qualified School Nurses are available to deal with medical and personal problems for both pupils and staff. They are also very supportive of parents, staff and families at times of crisis. When in situations where pupils are unable to come to school such as in lockdown scenarios, contact is maintained online and by telephone. In addition, two BACP registered counsellors support the pastoral provision of the school, alongside the school Chaplain. Each is available to discuss any issues of concern. The opportunity to talk openly and freely about issues that may be troubling girls helps them to understand their feelings and build their self-confidence and self-esteem. Occasionally, for a short period of time, we think a girl may benefit from having a Staff or Sixth Form Mentor who can give her individual help, for example with organisation or low self-esteem. The Pastoral Team around the girls provides a far reaching and accessible network of support to pupils. With this wide network, we aim to ensure that every girl will feel able to talk with a trusted adult at school should they wish to.

Our whole school assemblies and House system allows younger girls see the leadership of the older students, and they look up to them. They also run the School Council, which meets termly to discuss issues put forward. Sixth form Prefects help and support the girls in the younger years and our Sixth Form James Allen's Mental Health First Aiders (who are themselves trained by Mental Health First Aid England, and then supported by the School Counsellors and Deputy Heads) work with pupils in seminar format on important topics of need – e.g. managing positive mental health and a balanced life during exam times - when they may appreciate discussing a problem or concern with someone other than a teacher. All students are given regular safeguarding training and know to whom to report concerns about themselves or others.

Meanwhile the House system allows girls of all ages to be brought together and works to give opportunities for the development of leadership skills.

Pupils are also encouraged to email pastoral concerns or to use the Microsoft Teams chat facility should they prefer to make initial contact remotely.

Our Teams platform has enabled wider sharing of resources across the school for wellbeing where staff and pupils can post their suggestions so that others can benefit from them.

PSHCE

Our Personal, Social, Health, Citizenship and Education (PSHCE) programme is designed to help girls to develop wide reaching skills including assertiveness, empathy, compassion, self-esteem, mental and physical wellbeing. It improves girls' understanding of themselves and each other, clarifying their thoughts and feelings.

PSHCE is taught by specialist teachers in dedicated timetabled slots. Form teachers lead often very discursive sessions with the girls in their forms as follow up from PSHCE lessons, exploring and debating different issues. Talks from specialist speakers and our school nurses focus on well-being and self-esteem including health and relationships and sex education.

In Years 10 & 11 the same Form tutor normally remains with the form for the two-year GCSE period. Some PSHCE matters are covered in tutor time. Form tutors spend the majority of their tutor time getting to know their tutees. The PSHCE programme is taught by specialists during a dedicated weekly lesson on the timetable. Specialist speakers are also invited to share their experiences with the girls. Subjects covered include Ethics, Health Education and Wellbeing and Life Skills, Current Issues, Drugs, Alcohol, and Personal Safety.

In the Sixth Form we blend Year 12 with Year 13 in each tutor group so that the Year 12 learn from the Year 13 girls' experiences. Girls stay with the same tutor for the two-year period, so tutors know their strengths well and are the first port of call in any difficulty.

The Sixth Form PSHCE programme covers topics such as the Well Woman; Mental Health and gender issues; Personal Safety, Identity and Relationships.

Classroom Practice

Wellbeing and good mental health discussions will present themselves in a number of classroom-based settings and staff respond to girls' questions and can often be the first to see that there may be an underlying issue for a girl. For instance, in creative writing a pupil may write things that they may not be comfortable in saying or disclose something which needs to be taken further. Staff should be alert to such incidents and should take appropriate action.

Any concerns about mental health problems should be promptly reported to the school nurses.

Strategy and Evaluation

The Deputy Head People chairs regular Pastoral Team meetings to discuss pastoral matters and strategy. Counsellors review successful interventions and students in need of wider concern, and feed back to the Deputy Head People for wider support and strategy review. We also review the pastoral system regularly and use pupil questionnaires and wellbeing surveys to evaluate both the PSHCE provision and the general well-being of the pupils as a 'snap shot' of mental health and wellbeing within the school, particularly at points of transition. Pupil feedback is an important part of this.

We use the Child Protection Online Management System and all members of staff are able to log concerns.

We are particularly proud of our Sixth Form James Allen's Mental Health First-Aiders programme where MHFA-trained sixth formers deliver sessions on positive mental health to pupils and enact peer-to-peer support, without moving into a counselling role.

The school Wellbeing strategy is supported and overseen by the Wellbeing Committee, led by the Governor for Mental Health and the Deputy Head People.

Parents

The year commences with on-site Parent Information Evenings which introduce the pastoral teams to the parents of each year group and seek to establish open lines of communication between school and home.

JAGS provides up-to-date information for parents on mental health and wellbeing strategies through its well-established Parent Talks programme.

Through the year, specialist speakers present to either whole year groups or across the ages on topics such as Good Mental-Health, Online Safety, Body Image and Adolescent issues.

Staff

Staff are supported through a positive, school culture in which staff and students alike are asked to follow the same values of respect and kindness. Staff support is provided through the Employee Assistance Programme (Health Assured) and a drop-in option with one of the School Counsellors. The position of Deputy Head People – a renaming of the position of Deputy Head Pastoral – is designed to develop the whole-school approach to positive mental health, across students and staff alike, and this guidance will be updated in conjunction with our Mental Health Governor, Dr Jane Marshall, a well qualified and knowledgeable mental health specialist whose advice is invaluable.