



NORTHGATE
High School

Mental Health and Wellbeing Policy

Respect | Determination | Teamwork

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Review by: Mr J Tunaley and Mrs C Pilsworth

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Mental Health and Wellbeing Policy

1. Rationale

- 1.1** Mental health includes our emotional, psychological and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.
- 1.2** At Northgate we recognise the vital role we play in promoting good mental health and wellbeing for all of our students and staff.
- 1.3** In keeping with guidance set out in the 'Mental health and behaviour in schools' 2018 issued by the DfE we will follow these principles when supporting the positive mental health and wellbeing of all stakeholders at Northgate.
 - 1.3.1** Providing a structured school environment with clear expectations about behaviour, social norms and routines. Our behaviour policy reflects that we have clear boundaries and that we do consider that behaviour issues might be a result of mental health issues.
 - 1.3.2** We are not expecting staff to be mental health experts and should not be expected to diagnose mental health conditions. However, we do train staff to recognise the indicators of a mental health concern and how to both support the individual and escalate concerns with the safeguarding team.
 - 1.3.3** We have an 'early help' offer that is designed to avoid escalation of concerns by using social prescribing to meet unmet need.
 - 1.3.4** Northgate recognises that under the Equality Act 2010 in some cases a mental health condition will meet the definition of a disability.
 - 1.3.5** When concerns are raised about the mental health condition, we will use the graduated response to deliver effective support (Assess, Plan, Do, Review).
 - 1.3.6** Working with partner agencies to ensure effective signposting takes place when mental health conditions are identified.
 - 1.3.7** Recognition that students with special educational needs are more likely to suffer mental health conditions.

2. Our four steps to promoting positive mental health and wellbeing

2.1 Prevention

Creating a culture in the school where students and staff value their contribution to school life, feel valued and recognised. A culture where talking about mental health is spoken about without stigma and in the knowledge that others are listening and will help. Using PSHE lessons and pastoral opportunities to develop the resilience to deal with everyday life.

2.2 Identification

Our staff and students are well trained in how to identify when indicators around mental health are emerging. Channels for raising these concerns are clearly laid out and are well communicated with staff and students.

2.3 Early Help

Using social prescribing to identify unmet need using the resources within our community to support that individual. Our 'Early Help' offer includes:

- 2.3.1** Thrive to help support emotional and social development
- 2.3.2** ELSA to develop emotional literacy
- 2.3.3** Community Mentors, trained volunteers from our community who support students
- 2.3.4** School counsellor, externally sourced therapeutic counselling
- 2.3.5** Peer Mentoring, in years 10, 12 and 13 there are opportunities for students to take on opportunities to support younger year groups both academically and pastorally
- 2.3.6** Pastoral Support Officers, non-teaching members of staff that support with the wellbeing of students
- 2.3.7** Extra-curricular activities, from friendship club to use of the fitness suite, there are clubs to encourage a sense of wellbeing and purpose
- 2.3.8** School nursing team, the school nursing team carry out regular drop-in sessions for students and can be booked via the pastoral team
- 2.3.9** Placement school for University of Essex trainee psychodynamic therapist

2.4 Access to specialist support

As a school community we will always try our best to support students' mental health issues but we also recognise our limitations. We work hard to foster effective relationships with external agencies for when more specialist referrals and services are required. These include, but are not limited to:

2.4.1 NSFT (Norfolk and Suffolk Foundation Trust) Mental Health Services

2.4.2 Teenage Mental Health Trust

2.4.3 Primary Mental Health Worker

3. This policy aims to

3.1 Promote positive mental health in all staff and students.

3.2 Increase understanding of mental health concerns.

3.3 Alert staff to signs and indicators of early mental health concerns.

3.4 Set out clear pathways for escalating concerns about mental health.

3.5 To ensure it is clear to staff, students, parents and carers what help there is available both in the school and in the community.

4. Teaching about mental health

4.1 Mental Health is one of our Super Six Topics as part of the RSE curriculum.

4.2 We have regular assemblies and visitors to the school delivering workshops around mental health and wellbeing.

4.3 Within curriculum time we have lessons being delivered in preparation for Mental Health Awareness Week. The curriculum content focuses on:

4.3.1 How to talk about emotions accurately, sensitively and using appropriate vocabulary

4.3.2 Supporting your happiness by developing connections with others

4.3.3 How to recognise the early signs of mental wellbeing concerns

4.3.4 Types of mental health, including anxiety and depression

4.3.5 How to evaluate if something they do or are involved in has positive/negative effects on their own, or others', mental health

4.3.6 Benefits of physical exercise, time outdoors, community participation and voluntary activities

4.3.7 Different year groups will have specific focuses including identifying pressures of examinations and peer pressures around drug/alcohol and how these impact upon wellbeing

5. Signs and indicators

5.1 Possible warning signs that there could be mental health concerns include:

- Evident changes in behaviour
- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Reduced concentration
- Lowering of academic achievement
- Talking, joking or researching 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 PE or getting changed secretly
- An increase in lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- Spending more time at the bathroom
- Discontinued hobbies or interests
- Failure to take care of personal appearance
- Seemingly overly-cheerful after a bout of depression

6. Managing disclosures/concerns

- 6.1** A member of staff who has observed some of the signs and indicators that suggest a mental health concern should follow the school safeguarding referral process. This involves making sure that the concerns are documented on CPOMS and passed on to the DSL or DDSL without delay.
- 6.2** A member of staff who receives a disclosure from a student must follow the normal safeguarding protocols, including not promising to keep secrets and using TED to avoid asking leading questions. The staff member should reassure the student they have done the right thing by sharing their worries and then refer the concern to the DSL or DDSL as per safeguarding protocols

7. Safety plans

- 7.1** Pastoral staff supporting young people with mental health concerns should liaise with the safeguarding team to consider the need for a safety plan.
- 7.2** Safety plans are completed in conjunction with parents/carers, the student and the school.
- 7.3** The safety plan will help identify risks and encourage planning to mitigate those risks.
- 7.4** Safety plans will be distributed to those staff that need to be aware of the plan to help protect the student.

8. Working with parents/guardian/carers

- 8.1** Parents and carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents/carers we will:
- Highlight sources of information and support about common mental health issues on our school website
 - Ensure that all parents are aware of who to talk to, and how to get help if they have concerns about their own child or a friend of their child
 - Make our mental health policy easily accessible to parents
 - Share ideas about how parents can support positive mental health in their children through our regular information evenings
 - Keep parents informed about the mental health topics their children are learning about in RSE
- 8.1.1** Considerations for when we need to talk to parents/carers about the mental health of their child:
- Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):
 - Can the meeting happen face to face? This is preferable.
 - Where should the meeting happen?
 - Who should be present? Consider parents, the student, other members of staff.
 - What are the aims of the meeting?
- 8.1.2** It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect
- 8.1.3** We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful for example, parent helplines and forums.

- 8.1.4** We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps.
- 8.1.5** Where a student requests that their parent/guardian/carer is not told about the support, a risk assessment must be carried out. Staff will do all they can to encourage communication with home because we know in most cases this is in the best interest of the students. If the student is adamant that we must not share that information with home, our risk assessment will consider; the students age, ability to make informed choices and understand the consequences of the choices. The risk assessment will also consider the immediate level of concern. If there is significant and imminent risk of harm, parent/guardian/carer will be told along with other relevant agencies.

8.2 Parents and carers often ask the school about sources of support for them, these are signposted in Appendix A and B but as a school we also offer parent/carer drop-in sessions for anyone who has a child experiencing mental health concerns. These will be hosted by the school but run in conjunction with trained professionals who are able to offer guidance and signposting

9. Staff wellbeing and mental health

9.1 Working in a school can be a very rewarding experience but it can also represent times of significant challenge. Our latest staff wellbeing survey results highlight that some staff can experience feelings linked with poor wellbeing and mental health. To monitor staff wellbeing and mental health we will carry out staff surveys each academic year to gather staff perceptions. The school's leadership team are committed to making sure we support staff and provide them with the tools to improve their wellbeing. These include:

- 9.1.1** Having books in the staff library around coping with mental health and looking after their wellbeing
- 9.1.2** Encouraging a programme of staff social activities
- 9.1.3** Making strategic decisions with staff workload and wellbeing considered as a vital part of any proposed changes
- 9.1.4** Having a full-time human resources manager to support staff with concerns
- 9.1.5** A line management structure that encourages senior and middle leaders to support and value their staff
- 9.1.6** Creating an open culture of communication with senior staff about matters that are causing distress.

Appendix A – Further information and guidance about common mental health concerns in young people

Below, we have sign-posted 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 of 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).

1. Self-harm

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

1.2 Online support

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

1.3 Books: (Source Young Minds)

- Positive Mental Health & Wellbeing Policy 2016
- 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

2. Depression

2.1 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.

2.2 Books

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

3. Anxiety, panic attacks and phobias

3.1 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. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

3.2 Online support

- Anxiety UK: www.anxietyuk.org.uk

3.3 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

4. Obsessions and compulsions

4.1 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.

4.2 Online support

- OCD UK: www.ocduk.org/ocd

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

5. Suicidal feelings

5.1 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 unexpectedly.

5.2 Online support

- Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
- On the edge: ChildLine spotlight report on suicide.

5.3 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

6. Eating problems

6.1 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. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing.) 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. This can be a way of communicating messages the child does not have the words to convey.

6.2 Online support

- Beat – the eating disorders charity: <https://www.beateatingdisorders.org.uk/>

6.3 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*

Appendix B – Mental health support provision

1. Students

Provision	Description of services offered and referral paths
Emotional Wellbeing Hub	For anyone suffering with mental health issues under the age of 25. Will also offer advice and guidance to other services if needed. Lots of resources for students to look at around mental health.
Suffolk Wellbeing	Students can self-refer for support but there are also lots of webinars and other resources for students and their parents around coping with mental health issues. Just need to visit the website and sign up.
NSFT Psychology In School	Lots of resources and also webinars (live and pre-recorded) around mental health, recommend this to those who are referred to the service who are needing low intervention where there is no risk. Referral will be through their mental health case worker, but we can ask about this.
NSFT Recovery College	Open to all age groups and don't have to be under active services – they offer short term courses on living with mental health. Co facilitated with peer support (someone with lived experiences) have 4 term timetables a year – course on depression / OCD / Psychosis – a range of things. Refer through DSL/DDSL.
Mind.org	www.youngminds.org.uk . Helpful and user-friendly website – range of resources with tips /strategies as well as signposting to other organisations..
Whats Up App	Coping strategies for anxiety and low mood.
Papyrus	Dedicated to prevention of young suicide – really good website.
Childline	08001111 – free for all under the ages of 19
FRS – First Response Service	Open to service users – members of the public and professionals – telephone line 24/7 – 24 hours a day – support around management of mental health – they can refer directly into secondary services as this is part of NSFT – 0808 196 3494.
Kooth	Online service for under 25s that gives young people information around mental health, online counselling and a text service.
School Nursing Team	We are able to refer to the school nurse using the forms found on the S drive or there are school nurse drop in sessions.
Primary Mental Health Worker	We have a PMHW who is linked to the school and can discuss cases, offer advice and guidance.
Teenage Mental Health Trust	Advice and support for young people with mental health concerns. Students and parents self-refer.
GP	We will always suggest to parents/carers that students are taken to the GP to talk about mental health concerns regardless of other signposting.
School Counsellor	We have a school counsellor who holds a case load of students for 6 weeks at a time. Referral via the Safeguarding Manager.
Community Mentors	Trained mentors from our local community who offer low level mentoring for as long as it is needed. Referrals via the School Engagement Lead.

2. Adults

Provision	Description of Service and referral paths
Suffolk Wellbeing	Also offers mental health support for adults, works on self-referral.
Rethink	Excellent website for advice and guidance – mainly adult – 0808 8010525
GP	We should recommend that staff talk to their GP about mental health worries.

Appendix C – Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

1.1 Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

2.1 Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now, your role is simply one of supportive listener. So, make sure you’re listening!

3.1 Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

4.1 Don’t be afraid to make eye contact

“She was so disgusted by what I told her that she couldn’t bear to look at me.”

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

5.1 Offer support

“I was worried how she’d react, but my Mum just listened then said ‘How can I support you?’ – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.”

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the school’s policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you’re working with them to move things forward.

6.1 Acknowledge how hard it is to discuss these issues

“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me.”

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that

with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

7.1 Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

8.1 Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.