Barrett-Bell LTD
KNOWLEDGE & SKILLS FOR SUCCESS

WELLBEING & POSITIVE MENTAL HEALTH POLICY

Date to be implemented from:	September 2026
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Version No	v8
Lead responsibility:	Director (NB)

Distribution to:	
All Staff	✓
SLT only	☐
Teaching Staff/Tutors	☐
Administration Staff	☐
Other (please specify)	✓ Learners

Key Contacts:	
Barrett-Bell Ltd Director	01438 727667

This Policy supersedes any previous Policy of this name or instructions that pre-date this edition.

WELLBEING & POSITIVE MENTAL HEALTH POLICY

1 Policy Statement

Barrett-Bell Ltd is recognised as a good provider. This Policy focusses on good Mental Health, which is a state of Wellbeing where each individual realises his or her own potential, can cope with the normal stresses that life challenges us with and can work productively and efficiently making a contribution to the local community and national economic wealth.

2 Principles

2.2 Barrett-Bell Ltd aims to recognise and respond to mental ill health and encourage good Wellbeing strategies. By developing and implementing practical, relevant and effective mental health policies and procedures we will promote a safe and stable environment for Learners and Staff affected both directly and indirectly by mental ill health.

2.3 Current thinking is that if work can be organised around natural rhythms and personal priorities, it creates a more balanced and less stressful life, which in turn contributes to improved mental health and fosters a positive and resilient mindset. These things benefit the workplace and company. Barrett-Bell Ltd have always been as flexible as they can to accommodate Staff and Learners so they reach their full potential.

2.4 Over recent years, uncertainty regarding job security, unemployment, unrest and war in various parts of the globe, rising energy bills, a cost of living crisis, the possibility of further virus variants and pandemics and political instability have all added to the stresses and strains of modern living.

2.5 The Directors of Barrett-Bell Ltd have endorsed this Policy which:

- complies with Equalities law, other legislation and good practice that affects personal rights, Safeguarding and Wellbeing
- follows good practice and aims to make working and learning at Barrett-Bell a compliant and safe environment
- protects Staff, Learners and other partners who work with Learners

3 Process

3.1 This Policy should be read in conjunction with any shared medical information in cases where a Learner's mental health overlaps with or is linked to a medical issue and where a Learner has an identified special educational need (SEND). Learners who have already had support from the children and adolescent mental health services (CAMHS) up to the age of 18 may need additional transition support.

3.2 This Policy should also be implemented alongside the Single Equalities Plan – this will be needed as the Reporting Form is Appendix 1 of the Single Equalities Plan.

3.3 There are specific and general responsibilities for Staff and Learners to promote positive mental health for every member of our organisation.

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3.6 Where Learners require additional support for their Wellbeing, then Barrett-Bell Ltd will signpost appropriate local and national services to them.

3.7 Where Staff require additional support, Barrett-Bell will talk with the member of Staff (and their Line Manager) to see if any reasonable adjustments can be made and/or signpost them to appropriate local and national services.

3.8 Any member of Staff who is concerned about the mental health or Wellbeing of a Learner should speak to the Designated Safeguarding Lead (DSL) in the first instance.

3.9 If there is a fear that the Learner or member of Staff is in danger of immediate harm, then vulnerable adult protection procedures should be followed with an immediate referral to the DSL.

3.10 If the Learner or member of Staff presents with a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid Staff and contacting the emergency services where necessary.

3.11 When Staff become aware of warning signs which indicate a Learner is experiencing mental health or emotional Wellbeing issues they should be taken seriously and consult the DSL and/or Directors (depending on the immediacy of the issue)

3.12 If a Learner 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.

3.13 Staff should listen, rather than offer advice and our first thought should be for the Learner's emotional and physical safety. Always be honest with regards to the issue of confidentiality and tell Learners:

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

3.14 Ideally get their consent (but make it clear under Safeguarding the organisation has a duty to report under specific circumstances).

3.15 The DSL (or Directors if the DSL is unavailable) will consult with the Staff and Learner and formulate a plan and way forward. If outside services are required then the DSL takes responsibility for accessing these services.

3.16 All disclosures should be recorded in writing and held on the Learner's confidential file. Ensure the date, name of Staff who it was reported to are recorded with the recorded facts only (not the personal opinions of the person who received the disclosure).

3.17 Please follow the procedures for reporting using the Incident Reporting

Form (which is in Appendix 1 of the Single Equalities Plan).

3.18 If you make any rough notes before completing the incident Reporting Form (from Appendix 1 of the Single Equalities Plan) then please transfer all that you have written. You may staple the rough notes to the Reporting Form. Do not allow any rough notes to be found by another person, especially a Learner. Do not share any confidential information with another Learner.

3.19 Hand in the fully completed Reporting Form (signed, dated) to the DSP asap.

4 Warning signs and alerts

4.1 There are many signs that can indicate issues of Wellbeing or Safeguarding concerns, that reflect difficult home conditions, that are allied to other health conditions or personal circumstances. It is reliant on sensitive Staff to monitor their Learner's behaviour and inform the DSL/Directors as appropriate. However, it is important to remember Staff are not medical experts, so the DSL should be alerted for a way forward.

4.2 Staff may become aware of warning signs which indicate a Learner 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 to the DSL or Directors.

4.3 Possible warning signs include:

- Obvious sudden changes in behaviour from over extrovert to secretive
- Changes in eating / sleeping habits, lateness or poor attendance
- Increased isolation from friends, family or peers - socially withdrawing
- Expressing feelings of failure, uselessness, inadequacy, loss of hope
- Changes in mood and significant mood swings, tearful, aggressive
- Inappropriate behaviour or overly-cheerful after a bout of depression
- Reduced levels of concentration, motivation and a lowering of achievement
- Failure to take care of personal appearance and personal hygiene
- Spending an inordinate amount of time in the toilet
- Talking, 'joking' or researching about self-harm or suicide
- Physical signs of (self) harm that are repeated or appear non-accidental

- Repeated reported physical pains or nausea with no evident cause
- Abusing drugs or alcohol, increase on reliance on medications
- Wearing inappropriate clothing for the weather (including long sleeves to hide arms when shorter sleeves would be more suitable for the temperature or scarves to hide face)

4.4 Some of the most common conditions affecting overall Wellbeing include depression, generalised anxiety disorder (GAD), sleep disorders, chronic pain, long-term physical conditions like diabetes or cardiovascular disease and neurodevelopmental conditions.

4.5 **Depression** - the ups and downs are a normal part of life for all of us but for someone who is suffering from clinical depression the 'ups and downs' may be much more extreme. Feelings of failure, hopelessness, numbness or sadness often occupy their day-to-day thoughts 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.

4.6 **Bi-polar disorder** is a mental health condition characterised by extreme, cyclical shifts in mood, energy, and activity levels. It involves distinct emotional 'poles' ranging from intensely elevated or irritable moods (mania or hypomania) to deep, persistent sadness and hopelessness (depression).

4.7 **Self-harming** - which describes any behaviour where a Learner causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage or control in any other way. It frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while those with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

4.8 **Obsessions** - describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting and compulsions are the behaviours we carry out in order to manage those thoughts or feelings. Obsessions interrupt a Learner's thoughts against their control and can be really frightening, graphic and disturbing. They may make you feel anxious, disgusted or uncomfortable.

4.9 Obsessive compulsive disorder (OCD) can take many forms – it is not just

about cleaning and checking - 'Pure O' stands for purely obsessional. People sometimes use this phrase to describe a type of OCD where they experience distressing intrusive thoughts but there are no external signs of compulsions (for example checking or washing). The name is slightly misleading as it suggests that there are no compulsions at all – there are but they are internalised.

4.10 Some examples of obsessions are:

- Worrying you're going to harm someone because you will lose control. For example, that you will push someone in front of a train or stab them
- Worrying you've already harmed someone by not being careful enough. For example, that you have knocked someone over in your car
- Mental contamination. You might experience feelings of dirtiness that are triggered by a person who has harmed you in some way. These feelings may also be triggered by your own thoughts, images or memories
- Violent intrusive thoughts or images of yourself doing something violent or abusive. These thoughts might make you worry that you are a dangerous person
- Relationship intrusive thoughts often appear as doubts about whether a relationship is right or whether you or your partner's feelings are strong enough. They might lead you to end your relationship to get rid of the doubt and anxiety
- Sexual intrusive thoughts or images. These could be related to children, family members or to sexually aggressive behaviour. You might worry that you could be a paedophile or a rapist, or that you are sexually attracted to someone in your family
- Contamination (for example by dirt, germs or faeces). You might worry that you have been contaminated and that you - or other people - are spreading the contamination. You might worry that you have or might get a disease
- You might have a fear that something bad will happen if everything isn't 'right' eg. if things are not clean, in order or symmetrical

4.11 **Compulsions -** Compulsions are repetitive activities that you feel you have to do. The aim of a compulsion is to try and deal with the distress caused by obsessive thoughts.

4.12 Some examples of compulsions are:

- Rituals - washing your hands, body or things around you a lot, touching things in a particular order or at a certain time or arranging objects in a particular way
- Checking - doors and windows to make sure they are locked, your body or clothes for contamination or to see how it responds to intrusive thoughts, checking your memory to make sure an intrusive thought didn't actually happen, checking your route to work to make sure you didn't cause an accident
- Correcting thoughts - repeating a word, name or phrase in your head or out loud or counting up to a certain number, replacing an intrusive thought with a different image
- Reassurance - repeatedly asking other people to tell you that everything is alright

5 Responsibilities

5.1 All colleagues have a general responsibility for making themselves aware of the signs of poor mental health and to promote positive Wellbeing.

5.2 Staff should ensure that appropriate breaks are taken, water is always available and that all on-site H&S and Learner welfare requirements are followed.

5.3 This Policy sets out a number of specific responsibilities - the **Directors** have overall responsibility for ensuring that the company complies with all legal obligations and offering training and support so Staff are competent to recognise warning signs.

5.4 The Leadership should recognise any drop in attainment, achievement or attendance related to current global, national or local events and make strategic decisions to mitigate wherever possible.

5.5 The **DSL** has a specific responsibility for Safeguarding and reporting when cases are identified. The DSL must inform the appropriate authorities and the Directors of any concerns.

5.6 The DSL should ensure that there is an awareness of:

- A positive mental health for all Staff and Learners
- An understanding and awareness of common mental health issues
- A recognition of anxiety or insecurity related to current world events
- A system that alerts Staff to early warning signs of mental illness

- Support provided to Staff working with Learners with mental health issues or 'at risk'
- Support provided to Learners suffering mental ill health issues and support their peers and Tutors to enable learning

5.7 All **Staff** should encourage Learners to behave in a safe way and not to bully any other Learner. The benefits of exercise, fitness and a good diet should always be pointed out and the danger that tobacco, alcohol or substance abuse should be highlighted. Staff need to recognise they are role models when they are on-site.

5.8 All Staff need to know how to respond appropriately to a disclosure by a Learner about concerns about themselves or another Learner.

5.9 All Staff should monitor the Learner's use of IT to ensure that any social media or on-line activity (eg. trolling, cyberbullying, grooming) does not contribute to poor mental health.

5.10 All Staff are required to read, understand and accept this Policy. All Staff are required to carry out the instructions within this Policy. All Staff will be required to sign to say they will adhere to this Policy.

5.11 **Tutors** need to ensure they incorporate Health, healthy lifestyle choices and Wellbeing in their sessions:

- Addressing the skills, knowledge and understanding needed by our Learners to keep themselves and others physically and mentally healthy and safe
- Addressing the specific needs of the cohort enabling Learners to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others
- Follow the guidelines and good practice to ensure that we teach mental health and emotional Wellbeing issues in a safe and sensitive manner which helps rather than harms
- Signpost other relevant sources of support (eg posters, flyers) that offer services to Learners. This will increase the chance of our Learners seeking help by ensuring Learners understand what other support is available and

where it can be accessed

- Participate in mental health week and mental health awareness

5.12 **Learners** have a duty to prepare themselves to be able to learn and therefore, ensure they have the optimum sleep, nourishment etc and are well prepared.

5.13 Learners also have a duty to their peers and to Staff to contribute to the Wellness of others.

5.14 It is helpful if Learners are able to share any barrier to learning they might have with their Tutor so the Tutor can, in confidence, monitor any issues.

6 Training

6.1 As a minimum, all Staff will receive regular training about recognising and responding to mental health issues and Wellbeing issues and receive annual vulnerable adult protection and Safeguarding training in order to enable them to keep Learners safe.

6.2 Training opportunities for Staff who require more in-depth knowledge of Wellbeing and healthy lifestyle choices will be considered as part of our Performance Management process.

If any member of Staff is unsure whether a Learner is exhibiting behaviours that could be a sign of mental health issue or any Safeguarding concern – please speak to the DSL at the earliest opportunity.