

BROWNEGE ST MARY'S CATHOLIC HIGH SCHOOL



BROWNEGE ST MARY'S CATHOLIC HIGH SCHOOL *'Let your light shine'*

Mental Health and Wellbeing Policy

Signature of Head Teacher/Chair of Governors:

Date: November 2023

Date of next review: November 2025

Policy devised by (Name): Mrs S Watson

MISSION STATEMENT

If we love others, we live in the light. 1 John 2:10

Inspired by our Gospel Values we have a shared responsibility to:-

- create an environment of welcome, love and respect for each member of our learning family.
- develop the unique gifts and talents of all, striving for excellence in everything we do.
- live out our commitment to love, service and justice in the local and global community.
- nurture the journey of faith and discovery for all.
- celebrate and reflect on the love of God, which is at the heart of all we are.

1 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 Brownedge St Mary's High School, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

2 Purpose and Aim of Policy

This policy:

- describes our school approach to promoting positive mental health and wellbeing.
- is intended as guidance for all staff including non-teaching staff and governors.
- should be read in conjunction with our health and safety, and safeguarding policies in cases where a student's mental health overlaps with or is linked to a medical issue, safeguarding concern, and the SEN policy where a student has an identified special educational need or is on the child protection register.

The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents or carers
- Outline legal considerations pertaining to minors and mental health

Lead Members of Staff

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

- Nicola Oddie – Headteacher
- Sandra Watson - Mental Health Lead (MHL)/ Lead Student Support Worker

- Kirsty Boardman – SENCO, Designated Child Protection / Safeguarding Officer (CPO) and Assistant Headteacher

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to their Head of House or Mental Health Lead in the first instance. If there is a fear that the student is in danger of immediate harm due to mental health, the mental health emergency protocol should be followed. If there is a safeguarding concern, then the normal child protection procedures should be followed with an immediate referral to the Designated Child Protection Officer, or the head teacher. You must not let any pupil leave school until you know they have been seen by the correct member of staff. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting first aid staff and contacting the emergency services if necessary.

3 What is meant by 'mental health difficulty'?

The term 'mental health' describes 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 contribute to her or his community. A mental health difficulty is one in which a person is distracted or unable to engage with ordinary life due to upsetting, disturbing thoughts and/or feelings. These problems may distort or negatively impact a person's view of the world and produce a variety of symptoms and behaviours likely to cause distress and concern.

What is Self-Harm?

Self-Harm describes a wide range of behaviours that people use to cope with difficult feelings and distressing life experiences. Some people have described self-harm as a way to express suicidal feelings and thoughts without taking their own life.

Examples (not exhaustive)

- Cutting
- Burning
- Severe scratching
- Biting
- Scalding
- Pulling out hair
- Picking at skin or re-opening wounds 4

It is estimated that 1 in 15 young people in the UK have deliberately self-harmed at some point and the most common age is between 11-25. It's almost impossible to say how many young people are self-harming. This is because very few teenagers tell anyone what's going on, so it's incredibly difficult to keep records or have an accurate idea of scale. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16, but the actual figure could be much higher (<https://selfharm.co.uk/get-information/the-facts/self-harm-statistics>)

Young people who have self harmed have said they do it for a distraction, as self-punishment, as a way to symbolically cleanse themselves and to gain control, as a way to communicate without words, as a release of tension or as a form of comfort, to make themselves unattractive, to make them feel real or alive and because they may see it as a ritual or rite of passage into a group.

What is an eating disorder?

While on the surface disordered eating appears to be all about food and weight it is often the outward expression of emotional problems. Eating disorders include but are not exclusive to Anorexia

Nervosa, Bulimia Nervosa, and Binge-eating disorder. Disordered eating affects the physical and emotional wellbeing of an individual and also leads to changes in behaviour. Very often masked by the eating disorder there is usually an underlying reason this can be a coping mechanism and this is a way of gaining control.

Young people may display the following behaviours

- Loss of concentration
- Skipping meals
- Disappearing to the toilet after meals
- Pre occupation with body Image, dieting.
- Excessive exercise
- Secretive behaviour
- Becoming irritable and withdrawing from social activities particularly those involving food.

Anxiety

Some people will experience levels of anxiety from time to time. Most people can relate to feeling tense, uncertain fearful for example before an exam. These in turn can lead to sleep, problems, loss of appetite and ability to concentrate. This kind of anxiety can be useful because it makes you more alert and enhance performance. However, if anxiety overwhelms a child they may not be able to deal with daily activities. If the anxiety stays as a high level the young person may feel powerless, out of control and sometimes this can lead to a panic attack.

Examples: (not Exhaustive)

- Phobias
- Obsessive Compulsive disorder
- Generalised Anxiety disorder, (GAD)
- Post-traumatic stress disorder, (PTSD)
- Panic Disorder

Depression

In its mildest form depression can be being in low spirits, it doesn't stop you leading a normal life not makes things harder to do and seem less worthwhile. At its most severe (Clinical Depression) can be life threatening. Some young people need medication to alleviate their symptoms. Examples;

- Change in normal pattern of behaviour
- Withdrawal from institutions(school), social activities and friendship groups
- Seasonal Affective Disorder(SAD)
- Bi Polar disorder or Manic Depression.

Loss and Bereavement

Pupils who experience such a loss will require early intervention and support

4 Legal Considerations

4.1 Under The Equality Act (2010) a person with a mental health difficulty is covered if their condition leads to an adverse impact on their ability to carry out their normal day-to-day activities. This will include students with conditions such as depression, bipolar disorder, self-harm and disordered eating.

4.2 The Equality Act (2010) also covers those who have had a mental illness or difficulty in the past, even if they have recovered, and those whose condition meets the definition but is successfully controlled by treatment (for example psychiatric medication such as anti-depressants) or therapy.

4.3 Under The Equality Act, it is unlawful to discriminate against students with a diagnosed mental health condition, and 'reasonable adjustments' may need to be made to ensure they can access education. The general principle of 'reasonable adjustments' is that wherever possible, schools should make practical adjustments to enable a student to continue their education. Mental health problems are often 3 Mental Health Policy November 2019 variable and students may only need adjustments for a limited period of time whilst they receive treatment or until they are better able to function.

4.4 Under the Data Protection Act (DPA), all information regarding students with mental health difficulties is regarded as sensitive and personal information. Any and all information about student mental health is shared on a 'need to know' basis, and is aligned with defined procedures on sharing of information about students.

4.5 Duty of Care - All staff need to be aware of the concept of the 'Duty of Care'. This is a legal obligation which requires us to take reasonable steps to ensure the safety and well-being of all our students, staff and visitors. If a school knows (or should know) that a student is experiencing mental health difficulties, the student should be advised to seek appropriate help and reasonable measures to support them need to be in place. This is particularly important in regard to passing on personal information where mental health difficulties occur.

5 Mental Health Emergencies or Crisis'

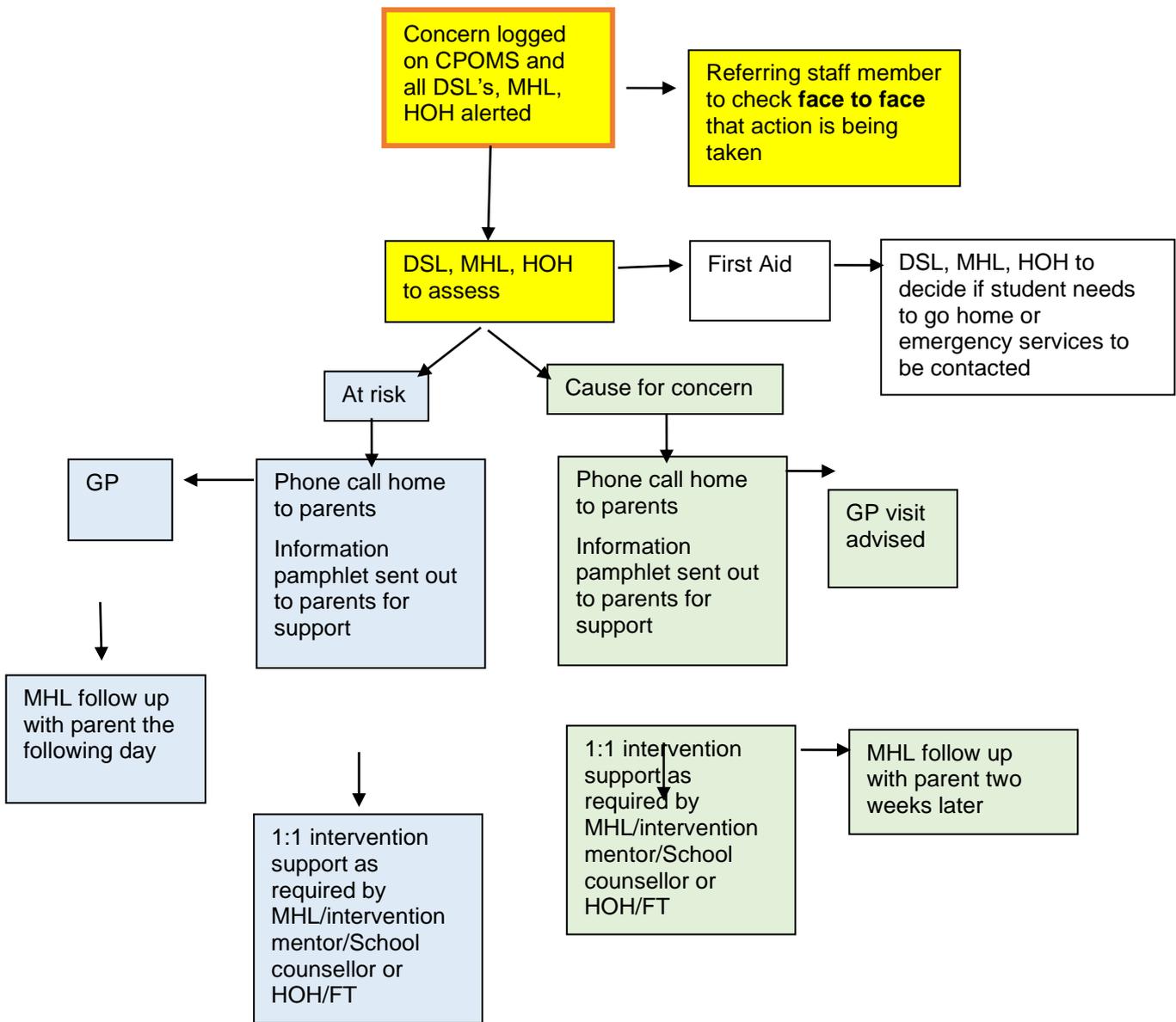
A Mental Health Emergency or Crisis is defined as: 'A mental health crisis often means that you no longer feel able to cope or be in control of your situation. You may feel great emotional distress or anxiety, cannot cope with day-to-day life or work, think about suicide or self-harm, or experience hallucinations and hearing voices.' NHS, 2019.

There may be instances where a student's behaviour and mental state are concerning and may lead to immediate danger through harm to themselves or others. The following situations or symptoms classify as a mental health emergency:

- Self-harm
- Suicidal ideation
- Hearing voices
- Psychosis: Experiencing hallucinations and/or delusions.
- Extreme emotional distress

If a student presents with any of the above problems, relevant staff will go through the following school-wide Mental Health Emergency Protocol Flow-Chart to ensure the pupil, fellow students, and staff members are safe. If the student requires being sent home or is advised to go to A&E, this will be directed by the Mental Health Lead, Child Protection Officer or SENCO.

Mental Health Protocol



6 Warning Signs

6.1 Students who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties and could be due to a number of reasons. Students may still feel stigma around mental health problems, or may be concerned about the consequences of telling someone. They may be unaware that they have a problem, or be aware but feel that they have to cope with it on their own.

6.2 Adolescence can be a difficult developmental time and this period of change can result in the gradual onset of mental illness. It is important that warning signs are recognised and an appropriate, supportive response is put in place as soon as possible. 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 Mental Health Lead or DSL. Possible warning signs include:

- The student has told you there is a problem, for example, they have been feeling low or anxious recently
- Significant changes in the student’s appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self-harm
- Changes in mood, for example: mood is very up and down, miserable, tired, withdrawn

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating patterns or sleeping habits
- Concerns expressed from friends, family, other staff members
- Changes in behaviour, academic achievement, extracurricular activity engagement, or among peers. For example, doing too much work, not socialising as much as usual, withdrawn, not attending school, being late or, failure to meet deadlines
- Increased isolation from friends, family.
- 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
- Secretive behaviour
- Skipping PE or getting changed secretly
- Repeated physical pain or nausea with no evident cause

7 Internal Support Referrals

The following list are examples of interventions currently used internally with students who are experiencing mental health difficulties:

- One-to-one intervention with MHL or intervention mentor
- Group work
- Reduced timetable
- Time Out Cards
- Queue Jump Pass
- Stress ball/fiddle toy
- Safe space in ELC
- Counselling (Limited number, referral only)

8 External Support & Signposting

8.1 Students experiencing mental health difficulties are often best supported with inside and outside school. There are various mental health charities who provide helpful information for parents, and who offer tools to assist young people with their mental health outside school. The following resources can be helpful to review and are often signposted to students in school for support.

- GP – Your local GP is usually the first person to contact regarding concerns about a child's mental health.
- Kooth – Online, free counselling for young people.
- Childline – Free counselling for young people via phone or online.
- Calm Harm – Free app for self-harm
- Clear Fear – Free app for anxiety
- Mind – General mental health support and knowledge.
- Young Minds – General mental health support and knowledge.
- Samaritans – Suicide phone-line (116 123)
- A&E – Young people can be taken to A&E during a mental health emergency or crisis.

9 Support Parents and Staff

Parents 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, 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 go about this, 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 PSHE and share ideas for extending and exploring this learning at home
- When possible, offer workshops for parents to attend regarding mental health concerns and practice.

10 Teaching about Mental Health

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 developmental PSHE and Wellbeing curriculum (Learning for Life).

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

11 Managing disclosures

A student may choose to disclose mental health concerns about themselves or a friend to any member of staff, therefore, all staff need to know how to respond appropriately to a disclosure. How to respond to a Mental Health 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-judgmental. Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'. Try to be sympathetic and understanding and remember to be sensitive to issues relating to sexuality, race, religion, culture and gender or any physical or sensory impairment or condition that they might have.

Be prepared to listen and give the student some time if you can. Listen to the student - the situation may only require empathetic listening. You can simply ask the student how they are as this may provide them with an opportunity to discuss their concerns with you.

Ensure that students are aware that you will need to pass the information onto the Mental Health Lead, as a result of the school's responsibility to their safety and duty of care. Try to be clear about what you will communicate and answer any questions the student might have about information sharing. See the next topic on confidentiality for more information.

The mental health disclosure should be communicated as soon as possible to Mental Health Lead via CPOMS. This written record should include:

- Date and time of disclosure, and date and time of incident
- The name of the pupil and staff involved in the disclosure
- Main points from the conversation, from the student's point-of-view
- Additional relevant information

Staff should be very clear about boundaries in the instance of a serious threat by a student to harm themselves. Staff responsibility to the student in a crisis is limited to listening, being supportive, and

passing the information onto the relevant professional Mental Health Lead or Child Protection Officer. Under no circumstances should a member of staff who is not professionally qualified attempt to counsel the student.

We should be honest with regard to the issue of confidentiality. 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
- Why we need to tell them

We should never share information about a student without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. (this is anything linked to a CP issue) advice. Staff are clear to students that the concern will be shared with the Mental Health Lead and recorded in order to provide appropriate support to the pupil.

All disclosures are recorded and held on the students confidential CPOMS file, including date, name of Student and member of staff to whom they disclosed, summary of the disclosure and next steps. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Staff wellbeing

Our aim is to:

- Support the wellbeing of all staff to avoid negative impacts on their mental and physical health
- Provide a supportive work environment for all staff
- Acknowledge the needs of staff, and how these change over time
- Allow staff to balance their working lives with their personal needs and responsibilities
- Help staff with any specific wellbeing issues they experience
- Ensure that staff understand their role in working towards the above aims

2. Promoting wellbeing at all times

2.1 Role of all staff

All staff are expected to:

- Treat each other with empathy and respect
- Keep in mind the workload and wellbeing of other members of staff
- Support other members of staff if they become stressed, such as by providing practical assistance or emotional reassurance
- Report honestly about their wellbeing and let other members of staff know when they need support
- Contribute positively towards morale and team spirit
- Use shared areas respectfully, such as the staff room or offices
- Take part in training opportunities that promote their wellbeing

2.2 Role of line managers

Line managers are expected to:

- Maintain positive relationships with their staff and value them for their skills, not their working pattern

- Provide a non-judgemental and confidential support system to their staff
- Take any complaints or concerns seriously and deal with them appropriately using the school's policies
- Monitor workloads and be alert to signs of stress, and regularly talk to staff about their work/life balance
- Make sure new staff are properly and thoroughly inducted and feel able to ask for help
- Understand that personal issues and pressures at work may have a temporary effect on work performance, and take that into account during any appraisal or capability procedures
- Promote information about and access to external support services
- Help to arrange personal and professional development training where appropriate
- Keep in touch with staff if they're absent for long periods
- Monitor staff sickness absence, and have support meetings with them if any patterns emerge
- Conduct return to work interviews to support staff back into work
- Conduct exit interviews with resigning staff to help identify any wellbeing issues that lead to their resignation

2.3 Role of senior staff

Senior staff are expected to:

- Lead in setting standards for conduct, including how they treat other members of staff and adhering to agreed working hours
- Manage a non-judgemental and confidential support system for staff
- Monitor the wellbeing of staff through regular surveys and structured conversations
- Make sure accountability systems are based on trust and professional dialogue, with proportionate amounts of direct monitoring
- Regularly review the demands on staff, such as the time spent on paperwork, and seek alternative solutions wherever possible
- Make sure job descriptions are kept up-to-date, with clearly identified responsibilities and staff being consulted before any changes
- Listen to the views of staff and involve them in decision-making processes, including allowing them to consider any workload implications of new initiatives
- Communicate new initiatives effectively with all members of staff to ensure they feel included and aware of any changes occurring at the school
- Make sure that the efforts and successes of staff are recognised and celebrated
- Produce calendars of meetings, deadlines and events so that staff can plan ahead and manage their workload
- Provide resources to promote staff wellbeing, such as training opportunities
- Promote information about and access to external support services
- Organise extra support during times of stress, such as Ofsted inspections

2.4 Role of the governing board

The governing board is expected to:

- Make sure the school is fulfilling its duty of care as an employer, such as by giving staff a reasonable workload and creating a supportive work environment
- Monitor and support the wellbeing of the headteacher
- Ensure that resources and support services are in place to promote staff wellbeing
- Make decisions and review policies with staff wellbeing in mind, particularly in regards to workload
- Be reasonable about the format and quantity of information asked for from staff as part of monitoring work

- Ensure that staff are clear about the purpose of any monitoring visits and what information will be required from them

3. Managing specific wellbeing issues

The school will support and discuss options with any staff that raise wellbeing issues, such as if they are experiencing significant stress at school or in their personal lives.

Where possible, support will be given by line managers or senior staff. This could be through:

- Giving staff time off to deal with a personal crisis
- Arranging external support, such as counselling or occupational health services
- Completing a risk assessment and following through with any actions identified
- Reassessing their workload and deciding what tasks to prioritise
- At all times, the confidentiality and dignity of staff will be maintained.
- When necessary, staff will be able to access external support from various counselling services which our school has a signed agreement with. If any staff require external support they should speak to their line manager, their MHL or the headteacher.