

Our Lady Queen of Peace

Catholic High School



Mental Health Policy

Date of Policy	Sept 2024
Date of Review	Sept 2025

Whole School Mental Health Policy

Context and Rationale

Our Mission Statement

In Christ We Grow

'As a learning community we live out our Mission Statement striving for excellence through caring, sharing and achieving'.

School Context

Our Lady's is a mixed secondary school with a wide demographic, including all socio-economic profiles. However, the school does have a larger proportion of students in the lowest socio-economic profile. This provides a wide range of issues associated with poverty and poor living conditions. Post Covid, there has been an increase in students needing support with issues relating to their mental health and well-being and families experiencing domestic violence. Common safeguarding concerns raised in school have related to low mood and depression, stress and anxiety and self-harm.

At Our Lady Queen of Peace we take our statutory duty to protect and promote the welfare of all students very seriously, and aim to provide a community for students, which keeps them safe, supports their creativity and enables them to meet their full potential

1 Policy Aims

This policy outlines Our Lady Queen of Peace Catholic Engineering College's whole school approach to promoting mental health and emotional wellbeing. It should be read in conjunction with other relevant school policies.

The aims of the policy are to:

- Promote positive mental health and emotional wellbeing in all staff and students.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in students.
- Enable staff to understand how and when to access support when working with young people with mental health issues.
- Provide the right support to students with mental health issues, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

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2. Key Staff Members

All staff have a responsibility to safeguard the pupils in our care. This includes mental health safeguarding. This policy should be read in conjunction with the school Child and Safeguarding Policy and the same whole school practice should be implemented. If a staff member has a concern or a child makes a disclosure they should report the matter immediately using the CPOMs system.

This policy aims to ensure all staff take responsibility to promote the mental health of students, however key members of staff have specific roles to play:

- Whole School Approach Strategic Mental Health Lead
- Designated Safeguarding Lead and Deputy DSLs
- SENDCo
- Pastoral Staff (including Form Tutor)
- Curriculum for Life Coordinator

If a member of staff is concerned about the mental health or wellbeing of student, in the first instance they should log it on CPOMs and discuss this immediately with the DSL/ Back Up DSL.

Please refer to the school's mental health pathway

If there is a concern that the student is high risk or in danger of immediate harm, the school's child protection procedures should be followed.

If the child presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

3.0 Managing disclosures

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental.

All disclosures should be recorded confidentially on the student's personal file, including:

- Date
- Name of member of staff to whom the disclosure was made
- Nature of the disclosure & main points from the conversation
- Agreed next steps

This information will be shared with (insert role – mental health lead etc.)

At all level of this policy it is a reminder to parents that schools are not medical experts and that any mental health support implemented does NOT replace mental health support given

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by the NHS. Parents should always contact the appropriate health professionals for the best medical advice and ask that a referral is made accordingly by those health professionals.

4.0 Levels of Need

The Thrive model is used to help education providers and services to determine the type of support that might be needed for children/young people. There are 4 levels:



School Response to level of need

Level of need	Specific areas of need	Example of Support
Green =signposting children and parents for prevention.	At this level pupils are supported by the whole school curriculum and access to the Curriculum for Life programme	
	Anxiety	• Meeting with Pastoral Team • Use of Mental Health Support apps (see below) • Input from the Pastoral Team • Referral to SEMH staff (via SENDCo) • Parents signposted to Kooth.com • Signpost to Hub of Hope
	Homework	• Use of before/ after school homework club • Reading at home to support pupil's development (see list below) • Input from the Chaplaincy Team • Input from the Chaplaincy Team • Signpost to Hub of Hope
	Bullying	• Regular input from Chaplaincy Team • Use of Mental Health Support apps (see below) • Signpost to Hub of Hope

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	School life	• Regular input from Pastoral Team • Use of Mental Health Support apps (see below) • Referral to SEMH Staff (via SENDCo) • Access to the base/ Study room • Signpost to Hub of Hope
	Exam Stress	In school support from teachers/ pastoral/ team/ SEND
Blue= Process of getting help	Low level eating issues Sleep concerns Medium Levels of anxiety Medium level bullying concerns	In school Pastoral Support On line resources EBSA strategies Parent should contact GP Referral to Compass Bloom Parents signposted to Kooth.com Signpost to Hub of Hope
Purple=Getting more help.	Lows level self harm Eating Disorders Depressions High level anxiety	Access to the in school counsellor Parent advised to seek external support TAF/ CFSW referral Parents must refer to GP Discussion with DSL Parents signposted to Kooth.com Signpost to Hub of Hope
Orange = High Level Intervention- getting risk support	Serious mental health concerns ie. Suicidal thoughts	Parent must refer to GP Emergency units/ Accident and Emergency Referral to CAMHs Potential EHA/ Escalation in consultation with DSL

Reading resources to link to homework issues:

<https://academy.snapask.com/en-sq/post/10-books-secondary-students-must-read-bb35bb4e32e5>

<https://schoolreadinglist.co.uk/category/secondary-ks3-ks4-reading-lists/>

Mental Health Apps:

<https://www.themix.org.uk/get-support>

[6 apps to boost pupils' mental health \(innovatemyschool.com\)](#)

4.1 Targeted support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had

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previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We work closely with school nurses and their teams in supporting the emotional and mental health needs of school-aged children and are equipped to work at community, family and individual levels. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.

We aim to ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

5. Mental Health Promotion

Mental Health is everyone's business in our school, and we promote an environment that fosters inclusion, diversity and respect.

The skills, knowledge and understanding our students need to keep themselves - and others - physically and mentally healthy and safe are included as part of our Curriculum for Life curriculum and our peer mentoring programme.

Our Curriculum for Life Programme is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people.

Additionally, we will use such lessons as a vehicle for providing students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges.

6.0 Signposting

We will aim to ensure that staff, pupils and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school (noticeboards, common rooms, toilets etc.) and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why should they access it
- What is likely to happen

7. Recognising the signs and symptoms of mental health distress

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 alert (insert name of designated mental health lead).

Possible warning signs, which all staff should be aware of include:

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- 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
- 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
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to, or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

8.0 Confidentiality

If a member of staff feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the student. We will tell them:

- Who we are going to tell
- What we are going to tell them
- Why we need to tell them
- When we're going to tell them

Ideally, consent should be gained from the student first, however, there may be instances when information must be shared, such as students up to the age of 16 who are in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents must always be informed, but students may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school makes contact with the parents/carers.

If a pupil gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, and the school's child protection procedures should be followed.

9. Working with Parents and Carers

If it is deemed appropriate to inform parents there are questions to consider first:

- Can we meet with the parents/carers face-to-face?
- Who should be present – students, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

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We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agree are added to the pupil's record and an Individual Care Plan created if appropriate.

10. Supporting Parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.);
- Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners; and
- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.

11. Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will then be provided accordingly

- Additionally, we will want to highlight with peers:
- Where and how to access support for themselves
- Safe sources of further information about their friend's condition

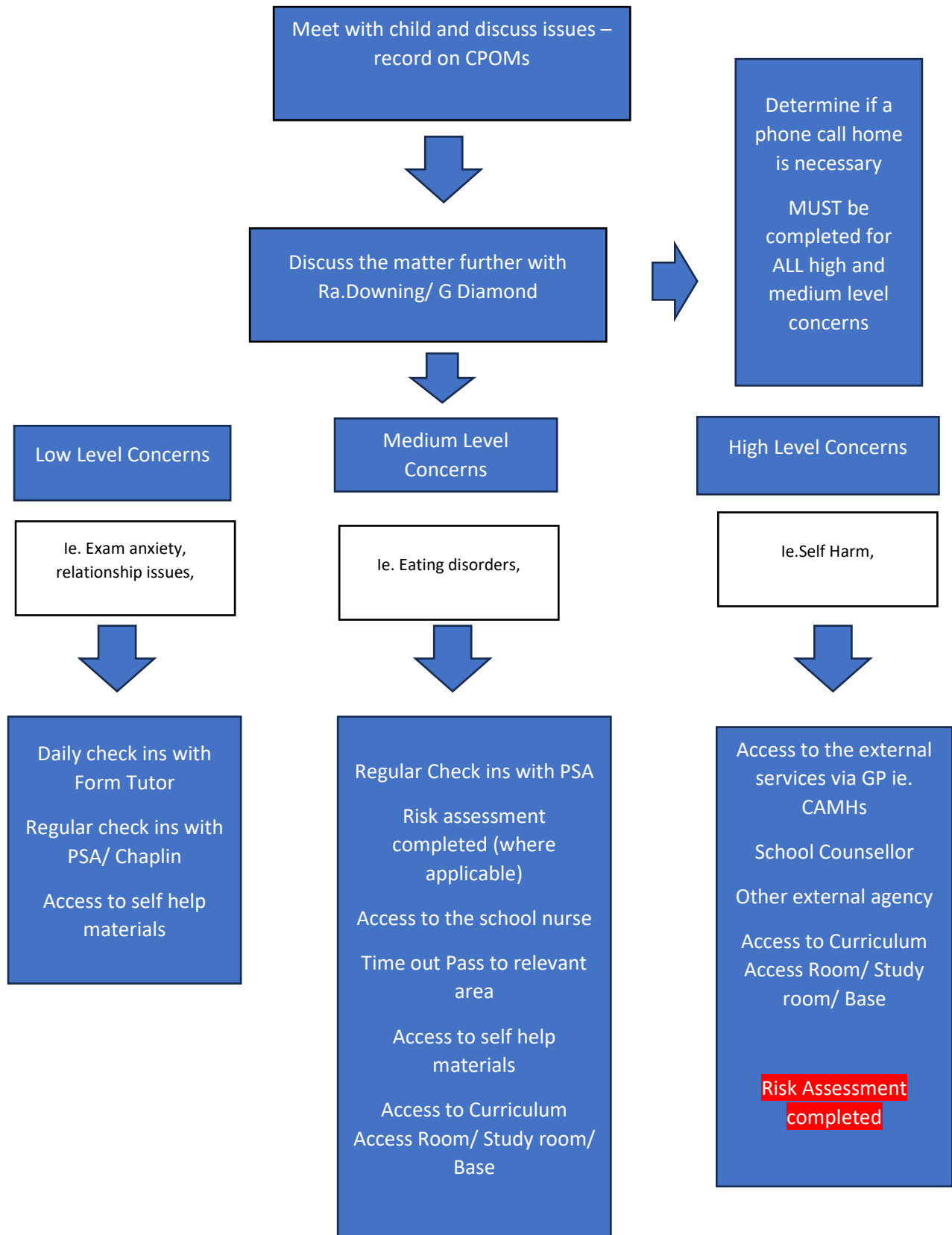
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- Healthy ways of coping with the difficult emotions they may be feeling

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Appendix A

Access to support for anxiety/ mental health issues



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Appendix B:

Child is presenting with suicidal intentions

- Child makes threats of suicide – DSL/ Deputy DSL told immediately NOT just CPOMS entry
- Assess the immediacy of the threat – if it is immediate then an urgent phonecall from school to CAMHs - [01695 684 262](tel:01695684262)
- Home MUST be called – parents informed and permission sought for sending out information in the form
- **Referral form completed by school – even if parents say they are going to the GP or A and E**
- If child at home – parents advised to take to A and E immediately
- Complete form as advised above
- Refer to appropriate agency following referral to CAMHs ie. Bernardos

How to assess the immediacy of the intention:

- On a scale of 1-10
- 1 being low/ worst – 10 being high and ok
- What is their mood like?
- Do they feel they are very likely to commit suicide
- Do they feel safe?
- Do they need immediate help?
- What is bothering them?