



# **St Nicholas Catholic High School**

## **Positive Social, Emotional, Mental Health and Well-being Policy**

**To be read in conjunction with**

**Catholic Ethos Policy**

**Safeguarding Policy**

**Behavioural Policy**

**Anti-bullying Policy**

**Attendance Policy**

**Supporting students with Medical Needs Policy**

**Critical Incident Response Procedure**

**DFE: Ensuring a good education for children who cannot attend school because of health  
needs: statutory guidance for local authorities (January 2013)**

**DFE: Mental health and behaviour in schools: Departmental advice for school staff  
(March 2016)**

## Version Control

Current version	Previous version	Summary of changes made
		Removed links to other policies

Policy Impact Statement	
<b>Policy:</b>	
<b>This Policy has been implemented:</b>	
Fully	
Partially	
Occasionally	
Not at all (give reasons why)	
<b>What revisions need to be made:</b>	
To the Policy?	See Version Control Above
To its implementation?	

## **Rationale**

St Nicholas Catholic High School is a strong, positive and friendly Catholic community. We are fully committed to equal opportunities and believe that every member of the school community has the right to realise their potential in a safe and happy environment.

## **Aims of Policy**

Any member of staff who is concerned about the Mental Health or well-being of a student should speak to one of the Learning Mentors in the first instance. If there is a concern that the student is in danger of immediate harm then the normal Child Protection procedures must be followed with an immediate referral to the Designated Safeguarding Lead or Deputy Safeguarding Lead. If the student presents a medical emergency then the normal procedures for medical emergencies must be followed. Where a referral is required, including Occupational Therapy (OT), Child & Adolescent Mental Health Services (CAMHS) or other external agencies, this will be led and managed by the appropriate Learning Mentor.

Using a range of data and information, the School will identify and record students about whom there are social, emotional, mental health and well-being (SEMH&W) concerns. CPOMS will be used to record incidents, behaviours and emotions, which can be interpreted as expressions of SEMH&W e.g. self-harm, anxiety, suicidal thoughts, being withdrawn, challenging behaviour etc.

Learning Mentor Referral records will be used to record recognised SEMH&W conditions e.g. eating disorders, Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress (PTS) etc. This data and information will allow staff (often working in conjunction with the SENCO) to flag students who have significant SEMH&W concerns.

## **Role of the School in supporting mental health needs of students**

The primary role of the school is to promote positive Mental Health and well-being and to provide tools and advice to enable students to self-manage mental health concerns.

The identification of mental health problems will often be through a student's GP. Although medical practitioners cannot always share information, where possible the School should try to be aware of any support programmes GPs are offering that may affect the student's behaviour and attainment at school. The School might consider asking parents / carers to give consent to their child's GP to share information with the School in these circumstances.

In the first instance, School **will** always contact parents / carers to inform and advise to refer GP. If the GP advises that School should support then the following can happen:

- An assessment of Mental Health needs through a 'Strengths and Difficulties Questionnaire' (Appendix 1) and / or a 'Vulnerability and Resilience Toolkit' (Appendix 2)
- A referral for a Learning Mentor
- Learning Mentors' support guided by a Mental Health Professional as to appropriate School based support.

- The School will follow an Individual Health Care Plan if provided by a Mental Health Professional: plans should be reviewed at least annually or earlier if evidence is presented that the student's needs have changed. Please refer to 'Supporting students with Medical Needs Policy (2018)'
- The School can provide guidance and resources to help support students who self-harm. This could include offers of safer alternatives to self-harm such as distraction techniques, mindfulness activities, encouragement of positive thinking and promotion of gratitude, a Learning Mentor as a 'point of contact', specific groups and / or sessions and use of the Self Harm Passport (Appendix 3).
- School can provide regular updates and links on the School website for parents and carers.
- School can provide support for the family through a multi-agency approach (e.g. TAF).
- Consideration of curriculum provision informed by Mental Health Professionals and DFE Guidance (see Appendix 10, 11 and 12).

If self-harming continues or it escalates in severity, School will refer to CAMHS and / or advise parents / carers to return to the GP. A Risk Assessment will be written (see Appendix 4).

School does **not** directly provide:

- Counselling
- Therapeutic work
- Diagnosis
- Mental Health Assessments
- Administration of medication for Mental Health
- Recommendations regarding Mental Health

The law does not specify the point during a child's illness when it becomes the LA's responsibility to secure for the child suitable full-time education.... Where a child is hospitalised, the hospital may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided that it is satisfied that the child is receiving suitable education. More generally, LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise arranged.

### **Identification and intervention**

The strongest evidence (Mental health and behaviour in schools: March 2016) supports prevention / early intervention approaches that include a focus on:

- Multi-component school-based prevention programmes; this may include such intervention as a reduced curriculum or alternative provision etc.
- Working with the family as therapeutic approaches are most effective when they look at the young person in the context of their family structure.

### **Risk Assessments**

If relevant staff consider a student's SEMH&W to present a risk to either themselves or others then a Risk Assessment should be completed as soon as possible. This must be drawn up involving the student, parents and carers and relevant health professionals. There may be times when this must be completed prior to a student being in school. A Risk Assessment must be reviewed and / or written in line with a reintegration meeting following a student being discharged from hospital. There must be a clear and agreed timescale for reviewing and closing the Risk Assessment. For Risk Assessment template see Appendix Four.

### **Teaching about Mental Health**

The skills, knowledge and understanding needed by students to keep themselves and others physically and mentally healthy and safe are included as part of our Catholic Ethos, subject curriculum, through Assemblies and Form activities. The specific content of lessons will be determined by the specific needs of the cohort, 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. Signposting will be an important aspect for all four of these elements as well as teaching about the underlying factors of SEMH&W.

### **Signposting**

The School will ensure that staff, students and parents and carers are aware of sources of support within school and in the local community. This will be provided on the Learning Mentor noticeboard, through the School website and through the School Newsletter. The School will regularly highlight sources of support to students within relevant parts of the curriculum and in other presentations and assemblies. Whenever sources of support are promoted, there will be an emphasis on ensuring students understand:

- What help is available
- Whom it is aimed at
- How to access it
- Why to access it
- What is likely to happen next
- Warning Signs

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 Learning Mentors. These concerns must be recorded.

Listed below are some possible examples of warning signs of SEMH&W. This list is not comprehensive but give a small insight into some examples of SEMH&W expression.

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- Missing 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

### **Managing disclosures**

A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a 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-judgemental. Staff should listen rather than advise and first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' All disclosures must be recorded in writing and then referred to the appropriate Year Leader.

This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

See Appendix Five for flowchart of disclosure of self-harm procedure.

### **Confidentiality**

Staff should be honest with regard to the issue of confidentiality. If it is necessary to pass on concerns about a student, then the following should be discussed with the student:

- Who will be informed
- What will be shared
- Why it needs to be shared
- Information about a student should never be shared without telling them first.

Ideally, students would consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. This will be when students are in danger of harm. It is always advisable to share disclosures with a colleague, usually the Year Leader or a Learning Mentor. This helps to safeguard staff's own emotional wellbeing as it avoids being solely responsible for the student, it ensures continuity of care in a member of staff's absence; and it provides an extra source of ideas and support. This

should be explained to the student and discussed with them who this will be, as finding the most appropriate support and help is imperative.

Parents and carers must always be informed regarding SEMH&W, unless this puts the student at further risk (this decision will be taken by the Learning Mentor and / or Safeguarding Leads) and students may choose to tell parents and carers themselves. Students should always be given the option of School informing parents and carers for them or with them. If a student gives reason to believe that there may be Child Protection concerns, parents and carers should not be informed without discussion with a Safeguarding Leads first.

### **Working with Parents and Carers**

Where it is deemed appropriate to inform parents and carers, staff need to be sensitive in their approach. Before disclosing to parents and carers the following should be considered (on a case by case basis):

- Can the meeting happen face to face? (This is preferable).
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents and carers, the student and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents and carers to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. Staff should be accepting of this (within reason) and give the parent / carer time to reflect. Staff should always highlight further sources of information and give them information to take away where possible, as they will often find it hard to take much in whilst coming to terms with the news that is being shared. Sharing sources of further support aimed specifically at parents and carers can also be helpful too, e.g. the School website, parent helplines and forums. Staff should always provide clear means of contacting School with further questions and consider arranging a follow-up meeting or phone call as parents and carers often have many questions as they process the information. Staff should finish each meeting with agreed next steps and always keep a brief record of the meeting.

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 and carers, School will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents and carers 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 this policy easily accessible to parents and carers
- Share ideas about how parents and carers can support positive mental health in their children through our regular information evenings
- Keep parents and carers informed about the mental health topics their children are learning about in PSHE & Citizenship and share ideas for extending and exploring this learning at home.

### **Supporting Peers**

When a student is suffering from mental health issues, it can be a difficult time for their peers and friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, staff will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents and carers with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, staff should highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

### **Managing expectations**

Mental Health issues can be ongoing for a long time. They can influence a student's ability to access learning. Staff need to ensure that all relevant colleagues are familiar with students who are suffering from mental health and provide information that helps manage expectations of affected students in order to ensure those students are not placed under undue stress which may exacerbate their mental health issues. Year Leaders, Form Tutors and Learning Mentors will play a significant part in monitoring these identified students and taking a holistic approach which may include considering issues addressing:

- Academic attainment and progress
- Absence and lateness
- Access to extra-curricular activities including sport
- Duration and pace of recovery
- Ability to interact and engage within lessons

### **Long-term medical conditions – provision at home or hospital**

Where students have complex or long-term health issues (DFE: Ensuring a good education for children who cannot attend school because of health needs: January 2013), the pattern of illness can be unpredictable. CWAC (or other relevant Local Authority) should discuss the child's needs and how these may best be met with the School, the relevant clinician and the parents / carers, and where appropriate with the student. That may be through individual support or by them remaining at school and being supported back into school after each absence. How long the child is likely to be out of school will be important in deciding this. The Local Authority should make provision available as soon as the student is able to benefit from it.

Where a student has been in hospital for a longer period and returns home, as appropriate, the Local Authority should aim to provide education at home or otherwise as quickly as



possible. The student's education may well have been disrupted by their time in hospital, so further discontinuity should be avoided if at all possible.

### **School Response to bereavement and/or trauma including School Response to student or staff death**

According to *Child Bereavement UK*, every 22 minutes in the UK a parent of dependent children dies, leaving about 41,000 bereaved children each year. Many more are bereaved of grandparents, siblings or other significant persons. Sadly around 12,000 children die in the UK each year.

School are aware that there are children and staff who are struggling with the effects of bereavement. This policy allows the School to be proactive rather than reactive, when responding to challenging events.

Whilst empathy and continuing pastoral care may be all that is needed within the school environment, the ability to respond with additional specialist support must be a consideration for more complex needs.

Critical incidents, such as terrorist attacks and serious accidents, have already had an impact on school life. As well as pastoral support, there should be faith based support in terms of times for prayer and reflection, access to local clergy support and providing the chapel as a place of quiet; a memorial event or act should always be considered.

For events that happen within the School, local community and world-wide, there should be provided an opportunity for acknowledgement, prayer and response as considered appropriate. This may include prayers during form time, a prayer focus in the chapel and groups meeting in the chapel; this will be coordinated by the Chaplain.

Appendices 6 – 9 is guidance that should be consulted by relevant staff.

It should be noted that the effects of bereavement can carry on throughout a student's school life and so should be logged accordingly.

Whilst each incident is unique, and the nature of support should be led by the student and family, the following procedure is useful in considering the school's response.

#### **Bereavement in Family**

- Year Leader to discuss proposed approach by school with appropriate family member.
- Year Leader to advise appropriate staff of the situation and give an indication of the length of absence (if appropriate) of the student.
- Advice may be given to staff, on how to support student on their return to school.
- It may also be appropriate to speak to peers as how best they might help in supporting the student on their return to school.
- Consider whether a letter of condolence should be sent or appropriate members of staff should visit or contact the family during their period of mourning.
- Consider whether or not the School should be represented at the funeral.
- Year Leader, Learning Mentor and / or Chaplain to meet with student on their return to school and offer appropriate support where required.

- Chaplain/Learning Mentor to regularly monitor student over the next few months.
- Bereavement counselling is not usually appropriate until six months has passed; a referral for this can be made from within School.

### **Death of a Student**

- On hearing of the death of a student, the Headteacher should meet immediately with the Chair of Governors, Senior Leadership Team, relevant pastoral staff and Chaplain to plan the School's response.
- With great sensitivity, one of the above staff should be assigned to liaise with the family.
- Decisions as to which group(s) of students should be informed will need to be made. e.g. peers, close friends, year group, friends of siblings of the deceased. There must also be a decision on how to inform parents / carers.
- As soon as possible staff should be informed about the student's death; it may be that the Critical Incident Response Procedure is used. Staff should also be given details as to which groups of students will be informed, what they will be told and when and how this is to occur.
- It should be strongly emphasised that normal school routine will be maintained as much as possible - being sensitive to diarised events.
- Staff should also be asked to be vigilant regarding students who may be showing signs of distress and who may need support. Pastoral Care staff should be made available to students and staff to offer support. Other specialists may be needed.
- There must be appropriate support in place for staff; this may include support from the Diocese or Professional Bodies.
- With the wishes of the family being taken into account there should be a process to consider which members of staff and which students should attend the funeral; consideration should be given to closure or part-closure of the School to enable attendance at the funeral.
- Should the death be of interest to the media then the Headteacher must formulate any response in conjunction with the Diocesan/Authority Press Office.
- It may be necessary to advise staff and students not to speak to the media.
- Where appropriate the school should inform relevant external groups such as UCAS, QCA of the death. It may be less traumatic for parents if results etc. were sent to the school, in the first instance.

### **Critical Incident**

- In the event of an incident such as the Manchester Arena tragedy, relevant staff should gather information, as early as possible, to assess the likelihood and depth to which our students may be affected.
- An appropriate Year Leader should be assigned to collate information from parents, form teachers and students as it arrives in order to decide further actions.
- Year Leaders, Chaplain and Learning Mentors to be available to deal with immediate concerns.
- Gather information from Local Authority, Diocese, or other specialist contacts and agree a course of action.
- The School will always cooperate fully with external agencies as appropriate.

### **Staff Training**

There should be continuous professional development for staff that makes it clear that promoting good health is the responsibility of all members of school staff, informs them about the early signs of mental health problems, what is and what isn't a cause for concern, and what to do if they think they have spotted a developing problem.

### **Further information and sources of support about common mental health issues and prevalence of Mental Health and Emotional Wellbeing issues**

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

### **Information and guidance about the issues most commonly seen in school-aged children.**

**Childline**— a confidential service provided by the

NSPCC **CWAC Local Offer** – local advice and resources

**Counselling MindEd** - an online resource

**MindEd** - free e-learning to help adults to understand children with mental health issues

**National Institute for Health and Care Excellence** – NICE's role is to improve outcomes for people using the NHS

**Relate** – advice and consultations available

**Young Minds** - a charity committed to improving the emotional wellbeing and mental health of children

### **Appendices**

Appendix 1: Strengths and Difficulties Questionnaire

Appendix 2: Vulnerability and Resilience Toolkit

Appendix 3: Self-Harm Passport

Appendix 4: Risk Assessment

Appendix 5: Disclosure Procedure for Self-harm

Appendix 6: After a suicide: a tool kit for schools AFSP

Appendix 7: NHS: Immediate Mental well-being advice following trauma

Appendix 8: DFE: A guide to managing critical incidents in schools

Appendix 9: NHS advice following major incident or trauma

Appendix 10: Mental health and behaviour in schools (DFE advice for school staff, March 2016)

Appendix 11: Supporting pupils at school with medical conditions (DFE: Statutory guidance for governing bodies, December 2015)

Appendix 12: Ensuring a good education for children who cannot attend school because of health needs (DFE: Statutory guidance for local authorities, January 2013)

Reviewed by: Student Welfare & Progress Committee	Date:
Ratified by Governing Body	Date:
Review of Policy Due By	Date: