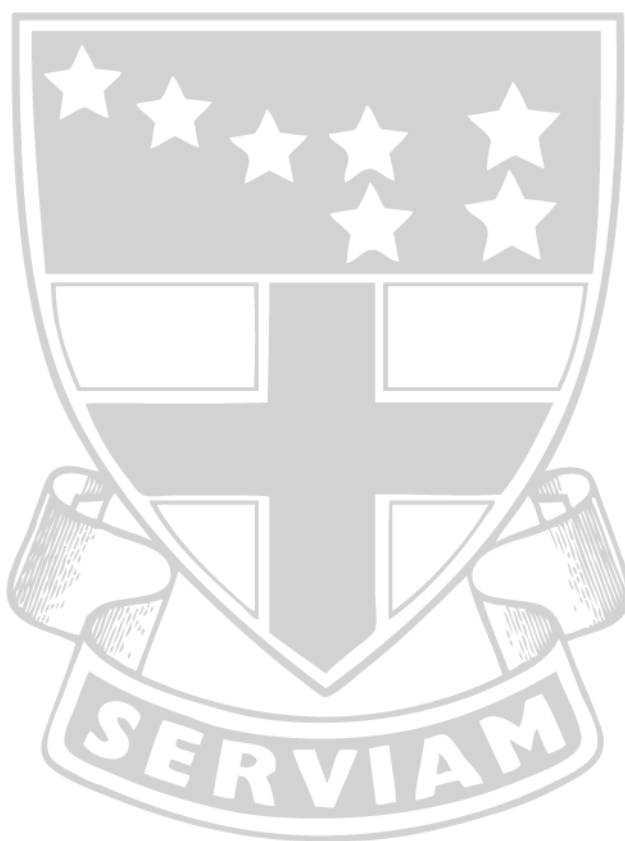


MENTAL HEALTH POLICY



Date of Review: March 2026

Date of Next Review: March 2028

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 Organisation)

At St Angela's Ursuline School, we aim to promote positive Mental Health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students and guidance for staff. In addition to promoting positive Mental Health, we aim to recognise and respond to mental ill health. In an average classroom, 3 students will have 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 (NHS England 2023/ Anna Freud Foundation/ Young minds)

2. Scope

This document describes our approach to promoting positive Mental Health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors. This policy should be read in conjunction with our wellbeing, 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:

- Pastoral staff
- Safeguarding team
- SEND and Inclusion Team
- PHSE coordinator

Any member of staff who is concerned about the Mental Health or wellbeing of a student should speak to the Mental Health Lead or member of the safeguarding team in the first instance.

If there is a concern that the student is in danger of immediate harm due to mental health, the mental health emergency protocol should be followed- **Section 5**.

If there is a safeguarding concern, then the school's child protection procedures should be followed with an immediate referral to the DSL / safeguarding team via **CPOMS**.

If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, SLT on call / alerting the school's Medical Welfare Officer 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 make a contribution 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 behaviour likely to cause distress and concern.

4. Legal Considerations

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.

The Act 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 antidepressants) or therapy.

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 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.

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.

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, staff will alert SLT and follow the safety plan / protocol set out below to ensure the student, 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 a member of the safeguarding team (SLT / Safeguarding team / Mental Health Lead, SENCO)

St Angela's Ursuline Protocol

If a student is observed to be having or has disclosed an issue - remain with the student if possible and send others to get help.

- Alert SLT using on call procedures (7777) or calling the main office to locate SLT
- Call for first aid to assess if child is having what seems to be a panic/ anxiety attack
- Create a place of safety for that child:
 - Remove obstacles
 - Clear bystanders/
 - Explain calmly to child what you're doing and why
 - Do not force movement
- For continuity of care wait with the child and actively listen to them if they can share what they need.
- Staff will support the child and encourage them to move to the Ursula Suite or a place they feel safe. Enable the child to call CAMHS, message / call Young minds / access Kooth and at all points allow time to re-regulate.

Mental health crises or emergencies are often not spontaneous and the student may have been experiencing symptoms for a length of time. Therefore, it is essential that student mental health concerns are communicated to the Safeguarding team / Mental Health Lead to ensure the school is focusing on preventative strategies, and is carefully monitoring and supporting vulnerable students.

6. Warning Signs

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.

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 DSL / MHL / safeguarding team.

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
- Missing PE or getting changed secretly
- Repeated physical pain or nausea with no evident cause

7. Internal Support Referrals

Students requiring internal support can be referred via the pastoral team / SENCO or parents via email. In some cases, the student will self-refer, parents of students who are under the age of 13 / not Gillick competent will be contacted in this event. In all events we would encourage and support the student in sharing this information with their parent / carer.

Where a referral Child & Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by Andrea Harvey (DSL, Mental Health Lead).

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

- One-to-one intervention with learning mentor / in school counsellor (limited number - referral only)
- Drop in sessions with the school counsellor- open to all
- Wellbeing in Newham School's team- targeted Self help - referral only
- Wellbeing in Newham School's team 'pop-in' session - open to all via St Angela's RM unify home page
- Reduced/ modified timetable
- Time Out Cards
- Ursula Suite pass
- Queue Jump Pass
- Wellbeing diary / activities
- Stress ball/fiddle toy
- Relaxation space / access to Ursula suite
- Individual Care Plans/ safety plans
- ELSA - Emotional Literacy Support

It is helpful to draw up a safety plan for students experiencing mental health difficulties. This should be drawn up involving the student, the parents and relevant health professionals.

This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication (if any) and associated side effects
- Internal support and in-school interventions
- What to do and who to contact in an emergency

A Safety Plan can be an effective way of discussing, agreeing, and monitoring the support and study needs of a student with mental health difficulties. The Safety Plan will include information on any adjustments that have been agreed upon, for example on such things as changes to timetable, and use of Time Out Cards. The safety plan will outline current interventions for each student.

The Safety Plan will be regularly reviewed and this will give both staff and the student the opportunity to discuss how things are going and to make any changes to the adjustments.

Review dates of a Safety Plan can be flexible and responsive to the needs of the student and the concerns of the staff member.

8. External Support and Signposting

Students experiencing mental health difficulties are often best supported with support both in 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.
- 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.

We display relevant sources of support in communal areas : plasma screens, notice boards, year group google classrooms and form rooms, Ursula Suite and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. We will also share resources to support mental health through the PSHE/ RiseUp curriculum, through year groups google classrooms and share with parents via newsletters/ online communication.

We recognise by highlighting support, we will increase the chance of student help-seeking by ensuring students understand:

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

9. Support for 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 communication and updates
- Keep parents informed about the mental health topics their children are learning about in Riseup days and through the curriculum and share ideas for extending and exploring this learning at home
- When possible we will offer workshops for parents to attend regarding mental health concerns and practice and we will promote those offered locally by Newham children's services and CAMHS.

Parents and staff members may also struggle with their mental health. Caregiving and teaching can both be emotionally demanding jobs and it is important to ensure that care is taken around personal wellbeing. The following resources can be helpful for parents and staff members to support their own mental health .Please also see appendix A.

- GP – The NHS offers a variety of therapeutic interventions to assist with mental health problems.
- NHS websites
- Headstart
- Employee assist.
- CAMHS clinician
- Education support charities

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 PSHE and Wellbeing / Rise Up curriculum.

The specific content of lessons will be determined by the specific needs of the cohort being taught and 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 follow the PSHE Association Guidance and the Statutory RSE guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Mental Health will also be thematically addressed in lessons such as Drama, Dance, English, and Rise Up Days. These classes and special topic days will enable students to put their learning into practice and engage in different ways of learning about Mental Health.

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-judgemental.

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 safeguarding lead / 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 the safeguarding team using the protocol set out in our safeguarding policy. This written record should include:

- Date and time of disclosure, and date and time of incident
- The name of the student and staff involved in the disclosure
- Main points from the conversation, from the student's point-of-view and any additional relevant information
- Action taken / next steps

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 Safeguarding team.

Under no circumstances should a member of staff who is not professionally qualified attempt to counsel the student.

Confidentiality: 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. Staff are clear to students that the concern will be shared with the Mental Health Lead / one of the safeguarding team and recorded in order to provide appropriate support to the pupil.

All disclosures are recorded and held digitally on the students confidential file as per safeguarding protocol - using **CPOMS** Software and **must include 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.

Parents must always be informed if the child is in Years 7-9 or judged to be emotionally immature in Year 10-11, and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us supporting them in informing their parents .

If a child gives us reason to believe that there may be underlying Safeguarding and child protection issues, informing parents will be managed by the safeguarding team.

Keeping Records: Updated notes as a record of discussions with students and any action decided or taken will be made by the safeguarding team / Mental Health lead . These will be held digitally on **CPOMS** in order to keep personal, sensitive information secure. All notes should always be written with sensitivity.

12. Promoting School-Wide Positive Mental Health

Supporting Peers- When a student is suffering from Mental Health issues, it can be a difficult time for their friends who often try to support them. Friends generally want to offer support but do not know how without compromising their own well-being. 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, we will consider on a case by case basis which friends may need additional support. Students who are supporting their peers with mental health difficulties will know they can seek support from the pastoral and intervention teams.

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

We have a specific student body 'Ambassadors for Mind Matters' who are co-producing resources and events to raise awareness around positive Mental Health and self care.

13. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. Key staff members such as Heads of Year, Senior Leadership, learning mentors, key workers, Attendance Officer, Medical welfare officer and Reception will have Mental Health training via the Key and Creative education. All key staff we aim to receive mental health first aid training over the academic year.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPL will be supported throughout the year where it becomes appropriate due developing situations with one or more students. Training can be provided within schools by identifying staff with experience in this area. The SEND/ Inclusion/ Safeguarding team and Mental Health Lead might be able to offer this training. For more advanced training on specific topics, external expertise will be utilised. Where the need to do so becomes evident, we will host twilight core training sessions for all staff to promote learning or understanding about specific issues related to mental health.

In addition to training sessions, improved awareness of Mental Health issues may be achieved through awareness raising campaigns or events. These are particularly effective if tied in with other events such as World Mental Health Day which provide opportunities for staff and students to work together. Campaigns that include practical activities such as workshops to promote mental well-being may be particularly effective in promoting the awareness of good mental health. Suggestions for individual, group or whole school CPD should be discussed with SLT, who can also highlight sources of relevant training and support for individuals as needed.

This policy is to be read in conjunction with the following policies;

Health and Safety Policy
 Staff Wellbeing Policy
 Safeguarding and Child Protection Policy
 Supporting student with Medical Conditions Policy

Appendix A: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues:

3 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. The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.

Over 8,000 children aged under 10 years old suffer from severe depression.

3.3% or about 290,000 children and young people have an anxiety disorder.

72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Source: Young Minds

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).

Self-harm

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.

Online support:

SelfHarm.co.uk: www.selfharm.co.uk

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

Depression

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.

Source(s): DFE Guidance

Online support:

Depression Alliance: www.depressionalliance.org/information/what-depression

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Anxiety, panic attacks and phobias

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 and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed

Online support:

Anxiety UK: www.anxietyuk.org.uk

Obsessions and compulsions

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 19 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.

Online support OCD UK: www.ocduk.org/ocd

Suicidal feelings

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 apparently out of the blue.

Online support:

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide:

www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

Eating problems

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 and purging). 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.

Online support:

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry:

www.inourhands.com/eatingdifficulties-in-younger-children

