



Bishop Walsh  
Catholic School

# Mental Health and Wellbeing Policy

Happy are the poor in spirit, for theirs is the kingdom of heaven.  
Matthew 5:3

Ratified by the Academy Committee 1.2.16

## Bishop Walsh Mental Health and Wellbeing Policy 2016

Reviewed by	Date
Curriculum and Ethos committee of Academy Representatives	2 <sup>nd</sup> February 2016
Review date	Autumn 2019

This policy should be read in conjunction with:

- Behaviour Policy
- SEN Policy and SEND Report
- Safeguarding Policy
- Substance Policy
- Equality Policy

### **1. Philosophy**

It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood. The department for Education recognises that, "in order to help their pupils succeed: schools have a role to play in supporting them to be resilient and mentally healthy." Mental health is at the heart of living the Christian life. Trying to live the Gospel values such as the Beatitudes is key to happy mental health, an example being, "happy are the poor in spirit, for theirs is the kingdom of heaven," so this is why we promote catholic life and all its elements. In school such activities as reflection and prayer in lessons, celebrating Mass, opportunities for confession, putting Christianity in action to make a difference to others are just some of the ways of promoting positive mental health. However, school contribution should be considered as one element of a wider multi – agency approach.

### **2.Aims of the policy**

Poor mental health undermines educational attainment. Bishop Walsh school aims to offer important opportunities to prevent mental health problems by promoting resilience. Providing pupils with inner resources that they can draw on as a buffer when negative or stressful things happen helps them to thrive even in the face of significant challenges. Having a sense of belonging to a school is a recognised protective factor for mental health. Activities at school come under a variety of headings, including emotional literacy, emotional intelligence, resilience, life skills, anti - bullying and coping skills. School aims to be a safe and affirming place for

children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

### **3. Statutory Obligations**

Department for Education (2014) "Keeping children safe in education." Statutory guidance for schools and colleges

Department for Education (2014) "Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England

Department for Education (2014a) "Mental health and behaviour in schools: " Department advice for school staff.

Public Health England, "Promoting children and young people's emotional health and wellbeing." A whole school and college approach. March 2015

### **4. Identification**

Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or a special educational need. Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem, and where there are concerns about behaviour there should be an assessment to determine whether there are causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues. Only medical professional should make a formal diagnosis of a mental health condition. Schools, however are well placed to observe children day – to – day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. There are two other key elements that enable a school to reliably identify children at risk of mental health problems:

- effective use of data so that changes in pupils' patterns of attainment, attendance or behaviour are noticed and can be acted upon: and
- an effective pastoral system so that at least one member of staff knows every pupil well and can spot where bad or unusual behaviour may have a root cause that needs addressing.

#### **The main types of mental needs are:**

- conduct disorders eg stealing, defiance, fire – setting, aggression and anti - social behaviour;
- emotional disorders eg phobias, anxiety states and depression;
- hyperkinetic disorders eg disturbance of activity and attention;

- developmental disorders eg delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders eg children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and
- other mental health problems including eating disorders, habit disorders post – traumatic stress syndromes, somatic disorders; and psychotic disorders eg schizophrenia and manic depressive disorders.

## **5. Roles and responsibilities**

### **5:1 Parent/ carers responsibilities**

- The family plays a key role in influencing children and young people’s emotional health and wellbeing.
- It is important that parents/ carers share their concerns about their child with school as early as possible.
- Parents/ carers need to be open and honest about any difficulties their child is experiencing so the correct support can be provided.
- It is important that parents/ carers engage with any appropriate services identified to support their child.

### **5:2 Pupil responsibilities**

- It is important that children and young people feel comfortable to speak to appropriate adults
- It is important that children and young people use the strategies suggested to them in school as support eg use of time out card

### **5:3 School responsibilities**

#### **House tutors**

House tutors see pupils daily. They know them well and are well placed to spot changes in behaviour that might indicate a problem. House tutors will:

- Speak to the pupil to see if they will open up to them. Possibly suggest child speaks to school nurse in the drop in session that takes place weekly.
- Actively listen to the pupil and be non – judgemental.
- Report to the head of Year any concerns.

- Use the “note of concern” strategy to flag up concern with Designated Safeguarding Lead if appropriate.

- Monitor the pupil.

**Subject tutors will:**

- Speak to the child to see if they will open up to them.

- Actively listen to the pupil and be non – judgemental.

- Report any concerns to Head of Department/ Head of Year.

- Use the “note of concern” strategy to flag up concern with Designated Safeguarding Lead if appropriate.

**Head of Year will:**

- Speak to the pupil about concerns.

- Actively listen to the pupil and be non – judgmental.

- Contact parents regarding concerns and discuss appropriate support, if appropriate, because whilst it is good practice to involve parents and families wherever possible, in some circumstances the child or young person may wish not to have their parents involved with any interventions or therapies they are receiving. In these cases schools should be aware that those aged 16 and over are entitled to consent to their own treatment, and their parents cannot overrule this.

In school support may include:

- Referral to school mentor and or school nurse.

- Referral for child to take part in social interaction group session or self - esteem day, two systems used in school to provide one – to – one or small group sessions to help pupils identify coping strategies.

- Where appropriate Learning Progress Assistant support in class and possible one – to – one support

- Discussion with Vice Principle for referral to family support service which may lead to a Fcaf Referral to school mentor and or school nurse

- Referral to CAMHS

- Referral to Educational Psychologist

- Referral to SEND

- The child must be engaged and involved throughout the process.

### **Senior Management Team will:**

- (DSL / SENCO) Work with parents and carers as well as the pupils themselves ensuring their opinions and wishes are taken into account and that they are kept fully informed so that they can participate in decisions taken about them. This might lead to the involvement of external agencies eg CAMHS and /or educational psychologist/ SENAR re Education, Health care plan.
- SENCO ensures all adults working in school understand their responsibilities to children with special educational needs and disabilities, including pupils whose persistent mental health difficulties mean they need special educational provision. Specifically the SENCO will ensure colleagues understand how the school identifies and meets pupils' needs, provide advice and support to colleagues, especially through the use of pupil profiles detailing a pupil's difficulties and strategies to support, and liaise with external SEND professionals as necessary eg CAT, Educational Psychologist, Pupil and School Support Service. These are set out clearly in the schools published SEND Policy/ Offer.
- Ensure actions are integrated, sustained and monitored for impact that a commitment to addressing social and emotional wellbeing is referenced within improvement plans, policies (such as safeguarding, confidentiality, personal, social, health and economic (PSHE) education: social, moral, spiritual, vocational and cultural (SMSVC) education: behaviour and rewards.
- Continue the nurse drop in service and monitor effectiveness and act upon recommendations.
- Ensure continuous professional development for staff that makes it clear that promoting good mental health is the responsibility of all members of school staff and community, informs them about the early signs of mental health problems and what to do if they have spotted a developing problem.
- Foster an ethos that promotes mutual respect, learning and successful relationships among young people and staff. Create a culture of inclusiveness and communication that ensures all young people's concerns can be addressed.
- Provide a safe environment which nurtures and encourages young people's sense of self-worth and self – efficacy, reduces the threat of bullying and violence and promotes positive behaviours. Bishop Walsh does this through eg assemblies, PSHE and SMSVC programme, school nurse drop in, Mentor button, pupil voice, parents

evenings, parent forum and the fact that parents are encouraged to contact school regarding any concerns.

## **6. Monitoring of the Policy**

The effectiveness of this policy will be monitored through:-

- Pastoral management meetings between Head of Year and Tutors then Head of Year and SLT link.
- Speaking to pupil as to their wellbeing over a period of time.
- Evaluation of the school nurse drop in service.
- Discussion at school council/ pupil voice meetings
- Discussion at Academy Committee meeting.