

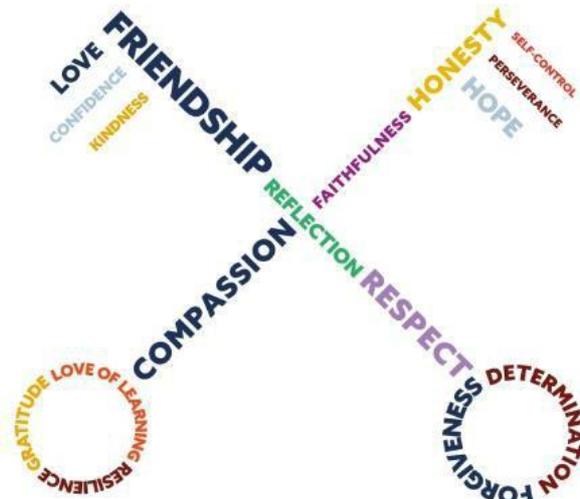


**St Thérèse of Lisieux Catholic Multi Academy Trust**  
St Peter and St Paul Catholic Voluntary Academy



# Mental Health Policy (Students)

*Policy Ref No. V*



**'I have come that they may have life and have it to the full'**

John 10:10

### **The Ethos of St Peter and St Paul**

*"Our school is a community where Jesus Christ is our role model and his message the guiding principle behind all we do.*

*Every member of our community is responsible for creating an environment that is caring, fair and respectful of each individual.*

*We develop our potential, celebrate our talents and go forward together in faith."*

Christ is the foundation of everything we do and the Gospels provide us with our influence and inspiration. We are therefore committed to promoting:

### **The uniqueness of the individual**

We believe that every person is a unique individual, created in God's image and loved by Him. We are therefore committed to treat every person with equality of esteem and the respect and dignity due to a child of God.

### **The search for excellence**

We are called to seek perfection in all aspects of our lives. We celebrate the enrichment of the total community, which flows from diversity of age, gender, racial and social origins, abilities, culture and religion. We are therefore committed to ensure that all are to be given every opportunity to develop their talents to the full.

### **The education of the whole person**

We offer young people the experience of life in a community founded on Gospel values and working in harmony. Through this and a variety of educational experiences and interactions we aim to prepare young people for a life working with others in communities which maybe diverse socially, culturally and religiously. We recognise that it is also important to help pupils to understand their own ethnic identity and cultural heritage as well as helping them to understand that of others irrespective of whether the school serves or is located in an ethnically diverse community.

### **The education of all**

We have the duty of care for all to ensure that we provide for those who are socially, academically, physically, emotionally or financially disadvantaged.

### **Moral principles**

Our belief in the Gospel message commits us to be in the forefront of the movement for social and racial justice and harmony. We believe this is fundamental to the common good. We aim to prepare our young people to serve as witnesses to these moral and spiritual values in the wider world.

### **Consequently, we still strive to ensure that:**

Any person recruited to the service of the school, whether as a member of staff or as a volunteer, is made fully aware of our aims and objectives and required to support them;

Children who are admitted to the school and their families are fully aware of our aims and objectives and undertake to support them;

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All of our structures and policies are evaluated and kept under constant review in order to see that no individual is subject in any way to unlawful discrimination, whether intentional or unintentional, and to ensure that all are enabled to reach their full potential.

## **Rationale**

St Peter and St Paul Academy fully recognises its responsibilities for students with mental health and wellbeing needs.

At St Peter and St Paul Academy, we want our students:

- Be motivated and enjoy learning
- Develop a range of skills and be mentally and physically fit to equip them for a successful adult life, be independent and ambitious
- Be confident, happy and feel safe
- Be friendly, respectful, caring and polite
- Experience success every day

## **We are a School**

- Where God is at the heart of all we do.
- God's word guides us to improve our relationships with others.
- We welcome people into our community
- We are committed to learning and achieving our best
- We have high expectations of staff and students
- We value the role of parents and carers

## **Ownership**

The students' Mental Health and Well Being and Guidance has been created by staff who have worked closely with students and outside agencies over a number of years and with reference to The Mental Health Standards, Jan 2014.

## **Targets**

The school aims to increase the level of awareness and understanding amongst staff and parents/carers of issues involving the mental health of young people, in particular with anxiety, self-harm, eating disorder, anxiety, depression, loss and bereavement.

The school aims to detect and address problems in the earliest stages where they exist in thinking and attitudes to self/image, self-esteem and self-control.

The school aims to increase the appropriate level of support available to students with mental health issues. This is in partnership with outside health agencies and child support groups.

The school aims to continue to promote positivity around Mental Well Being. To reduce the stigma associated with Mental Health.

## **Policy**

There is a fine line between appropriate responsiveness and inappropriate intrusiveness into the personal lives of students and families. However, all staff must respond to their responsibility to ensure the well-being and welfare of all students, progress and achievement in school depends on this.

Early intervention is paramount to success. All referrals will be made Miss Bell; Deputy Safeguarding Lead.

This policy and guidance should be made with close reference to the Safeguarding Policy.

## **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

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 is almost impossible to say how many young people are self-harming. This is because very few teenagers tell anyone what is going on, so it is incredibly difficult to keep records or have an accurate idea of scale. Around 13% of young people are thought to 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 or as self-punishment. Also 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 well-being of an individual and 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.

## **'I have come that they may have life and have it to the full'**

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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

The process of referral

- All staff who are concerned about the mental health and wellbeing of a student should speak with the student's form tutor who has a daily contact with the student to share concerns.
- Form tutor should then notify the HOH, who will support the Form Tutor in the monitoring and support of the pupil. (Guidance provided by SSO).
- If any member of staff feels that the student is any immediate danger of harm, then the normal child protection procedures should follow. Refer to a member of the Safeguarding Team.
- If the student has seriously self-harmed then staff should follow the normal procedures for medical emergencies, including alerting reception so that the appropriate first aid can be given and if necessary contacting the emergency services for admission to hospital.

Staff are encouraged to seek the advice of Safeguarding Leads; Mrs Evans and Mr Wilkinson who will either advise, signpost to the appropriate agency or request a written referral.

- All referrals or concerns will be discussed weekly by the safeguarding team

### **Supporting students with mental health issues.**

School is able to offer a number of services and sign post others.

#### **In School support:**

- Mentoring, Form Tutor.
- Positive support with trained staff.
- Social and Emotional aspects of learning, PSHE, most subjects.
- Regular updating of student noticeboard Positive Wellbeing

#### **Outside Agencies:**

- GP
- Child and Mental Health Services (CAMHS)
- Healthy Minds
- Off the Record Counsellor
- Children's Services

**Supporting staff who are working with students with mental health issues.**

St Peter and St Paul acknowledges that staff who are working closely with distressed students exhibiting mental health problems like self-harm, eating disorders and depression can themselves be placed under emotional strain.

All staff will be provided with support as they request it, in terms of management supervision with a middle or senior leader in the school.

The school will provide a range of training in dealing with students with mental health problems. The training will be undertaken, during directed time but may also be requested on a voluntary basis.

**Personnel**

The Designated Lead of Safeguarding and Child Protection	Mrs Evans
The Deputy Designated Lead of Safeguarding and Child Protection / SENCO	Mr Wilkinson – Deputy Designated Lead of Safeguarding / Child Protection G Bell - SENCO
Safeguarding Officers	Mr Woodgate Mrs Levey Mr Penney Mr Wilkinson Mrs Sharp

**Monitoring, evaluation and accountability.**

The monitoring and evaluation of this policy will be carried out by Assistant Head in charge of Pastoral Care and reported to Governors as requested.

**Linked Policies**

- Safeguarding Policy
- Anti- Bullying Policy
- SEN, Policy and procedures.
- Confidentiality policy
- Medical needs policy