

# *St Peter and St Paul Catholic Voluntary Academy*



## **Mental Health Policy**

**Last review Nov 2022    Next review Nov 2023**

### **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 student 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 students 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;

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 disorders, 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

The Academy believes that early intervention is paramount to success however, 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 as progress and achievement in school depends on this.

All referrals will be made by the Academy's pastoral and SEND team which is overseen by the core safeguarding team: Mrs Helen Evans (Designated Safeguarding Lead), Mr Shaun Maye (Deputy Designated Safeguarding Lead) Ms Amanda Wilson (Senior Pastoral Assistant and Safeguarding Officer).

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

## What is Self-Harm?

Self-harm is a behaviour and not an illness. People self-harm to cope with emotional distress or to communicate that they are distressed.

Self-harm is not necessarily about control and every young person who self-harms will experience different emotions. There will be a different trigger factor for each different person. Behind the act of self-harming lie many complex and overwhelming emotions which can be triggered by various traumas, stress and anxiety. The young person will seek some form of release and escape from the difficulties they are facing. This can become an addictive cycle and the action becomes relied upon as a coping mechanism.

Examples (not exhaustive)

- Cutting
- Branding (burning, scalding, friction burn)
- Scratching
- Biting
- Hitting, bone breaking, punching walls, head banging, provoking fights.
- Pulling out hair
- Picking at skin or re-opening wounds
- Dangerous forms of life-threatening injury such as poisoning and overdoses.

About 1 in 10 young people have self-harmed and the average age of a young person beginning to self-harm is 12 but can be as young as 7. Over a quarter of children interviewed in the 'Mental Health

Foundations' Truth Hurts' enquiry stated that having someone who would listen to them, give advice and support was key to their recovery. Nearly four in five young people say they don't know where to turn with questions relating to self-harm.

### **What are eating disorders?**

Eating disorders involve a disturbance of eating habits or weight controlled behaviour which results in impairment to physical health or which affects the persons psychological and social functioning.

Examples of eating disorders include (not exhaustive)

- Anorexia Nervosa
- Bulimia Nervosa
- Food Avoidance Emotional Disorder (FAED)
- Binge Eating Disorder (BED)
- Other specified feeding and eating disorders (OSFED)

Eating disorders occur in people who over evaluate their body shape and weight. Whereas most young people evaluate themselves by their achievement in various areas such as social relationships, school, work or sporting ability, those with eating disorders see their self-worth largely in terms of their body shape and weight and their ability to control these.

Young people who are struggling with an eating disorder may display the following behaviours and signs:

- Loss of concentration
- Skipping meals or avoiding eating with friends.
- Disappearing to the toilet after meals
- Pre-occupation with body Image, such as not wanting to take part in PE.
- Excessive exercise
- Secretive behaviour
- Becoming irritable and withdrawing from social activities particularly those involving food.

### **Anxiety**

Everybody experience anxiety at some point in time. Anxiety is a natural response, useful in helping us to avoid dangerous situations and motivating us to solve everyday issues. Anxiety can vary in severity, from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts from a few moments to many years.

Anxiety disorder may be caused by environmental factors, medical factors, genetics, brain chemistry, substance abuse or a combination of these. It is most commonly triggered by the stress in young peoples' lives. Usually, anxiety is a response to outside forces but it is possible that young people make themselves anxious with negative self-talk; a habit of telling themselves that the worst will happen.

Examples: (not Exhaustive)

- Separation Anxiety
- Phobias
- Obsessive Compulsive disorder
- Generalised Anxiety disorder (GAD)
- Acute Stress Disorder and Post-traumatic stress disorder, (PTSD)
- Panic Disorder

## Depression

In its mildest form depression can be feeling in low spirits but it doesn't stop you leading a normal life, make things harder to do or seem less worthwhile. At its most severe (Clinical Depression), it can be life threatening. A clinical depression is one that lasts for at least two weeks and affects the young persons' behaviour and has physical, emotional and cognitive effects. It also interferes with their ability to study, work and to have satisfying relationships. Some young people need medication to alleviate their symptoms.

Depression can have a range of effects on a young persons' behaviour:

- *Effects on emotion:* sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness.
- *Effects on thinking:* frequent self criticism, self blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see them in a negative light and thoughts of death and suicide.
- *Effects on behaviour:* crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, engaging in risk taking behaviours including self-harm, alcohol and substance misuse.
- *Physical effects:* Chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle and unexplained aches and pains.

## 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 HOY, who will support the Form Tutor in the monitoring and support of the pupil.
- 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 and the Trust Child Protection Policy.
- 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 Maye 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:

- Mental Health First Aiders.
- Wellbeing embedded through school virtues.
- Mentoring through Form Tutors and Teaching Assistants.
- Positive support with trained staff and the pastoral team.
- Social and Emotional aspects of learning,
- Personal Development curriculum.
- Regular assemblies and time to discuss

### Outside Agencies:

- GP
- Child and Mental Health Services (CAMHS)
- Healthy Minds
- Faith in Families
- The Nurture Garden
- 4Strides Equine Centre
- Hope Meadows
- Kooth online counselling
- Lincolnshire Children's Services
- ActionforHappiness
- NSPCC guidance.
- Childline
- Youngminds.org

## 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.

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 – Senior Safeguarding Lead
The Deputy Designated Lead of Safeguarding and Child Protection / SENCO	Mr Maye – Deputy Designated Lead of Safeguarding / Child Protection
Safeguarding Officers and Heads of Year	Ms Wilson Mrs Derham Miss Sandiford Mr Barr Miss Hollands Mr Penney

## **Monitoring, evaluation and accountability.**

The monitoring and evaluation of this policy will be carried out by the Senior Safeguarding Officer and reported to Governors as requested.

### **Linked Policies**

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