



# BLESSED HUGH FARINGDON CATHOLIC SCHOOL

## MENTAL HEALTH AND WELL-BEING POLICY

All that happens in Blessed Hugh Faringdon Catholic School occurs within the context of the school's Mission Statement (in accordance with the Trust Deed for the maintenance and advancement of the Catholic religion).

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**Persons Responsible: SLT and Headteacher**

**Committee: Full Governing Body**

**Review Due: Annual – December 2025**

As a Catholic school, founded on, and committed to upholding the teaching of the Church, we believe that Jesus is present in the day to day life of our community and that each member of our community has a divine origin and an eternal destiny. In discharging our responsibilities, we are guided by the principles of Catholic social teaching [CST], in which the following core values are constituted: dignity, solidarity, the common good, the option for the poor, the promotion of peace, care for creation, the dignity of work and the value of participation in society. These principles are demonstrated in our core, and wider, curriculum, in our care of students, in our work with the disadvantaged and in the outward-facing approach to our local community, our nation and to the world. As our moral compass, CST guides us in all our school activities, including the formulation, upholding and reviewing of school policies.

As a Catholic school, we regard the following characteristics as central to the human flourishing of everyone – students, staff and Governors – in our community. Our aspirations for our students are that their experience of teaching develops in them a lived belief, an authentic sense of true happiness, a lived sense of family, an experience of care and a vocation for service.

To achieve these aspirations, teaching and learning will privilege the following core virtues for every member of our community.

**Grateful** for their own gifts, for the gift of other people, and for the blessings of each day; and generous with their gifts, becoming men and women for others.

**Attentive** to their experience and to their vocation; and discerning about the choices they make and the effects of those choices.

**Compassionate** towards others, near and far, especially the less fortunate; and loving by their just actions and forgiving words.

**Faith-filled** in their beliefs and hopeful for the future.

**Eloquent and truthful** in what they say of themselves, the relations between people, and the world.

**Learned**, finding God in all things; and wise in the ways they use their learning for the common good.

**Curious** about everything; and active in their engagement with the world, changing what they can for the better.

**Intentional** in the way they live and use the resources of the earth, guided by conscience; and prophetic in the example they set to others.

## Context

This is now explicitly included in the definition of safeguarding, which says that safeguarding includes “preventing impairment of children’s mental and physical health or development”.

Mental health needs can be an indicator that a child has suffered abuse and can put them at risk of abuse. Traumatic events can also have a lasting impact on a child’s mental health, behaviour and education.

Only trained professionals can diagnose mental health problems but, as school staff, we are well-placed to spot signs that a child may be experiencing a mental health problem or may be at risk of developing one.

A mental health concern about a child that is also a safeguarding concern follows school procedures for reporting.

## Purpose of the policy

This policy sets out:

- How we promote positive mental health for both students and staff.
- How we prevent mental health problems.
- How we identify and support children with mental health needs.
- How we train and support all staff to understand mental health issues and spot early warning signs to help prevent or address mental health problems
- Key information about some common mental health problems.
- Where parents, staff and children can get further advice and support.

## 3. Definition of mental health and wellbeing

The World Health Organisation defines mental health and wellbeing as:

“ A state of wellbeing 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”.

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to:

- feel confident in themselves.
- be able to express a range of emotions appropriately.
- be able to make and maintain positive relationships with others.
- cope with the stresses of everyday life.
- manage times of stress and be able to deal with change.
- learn and achieve.

#### 4. Links to other policies

This policy links to the policies listed in Appendix 1a at the end of this document.

Links with the School's Behaviour for Learning Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health needs.

### **Section 1: Student Mental Health and Well-being**

We take a whole school approach to promoting positive mental health that aims to help students become more resilient, happy and successful and to prevent problems before they arise.

This involves:

1. Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands.
2. Supporting and training staff to develop their skills and their own resilience.
3. Helping students to develop social relationships, support each other and seek help when they need it.
4. Helping students to develop good resilience skills as pivotal to succeeding.
5. Teaching students social and emotional skills and an awareness of mental health.
6. Early identification of students who have mental health needs and planning support to meet their needs, including working with specialist services where appropriate.
7. Effective working partnerships with parents and carers.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We, therefore, aim to create an open and positive culture that encourages discussion and understanding of these issues.

Staff roles and responsibilities, including those with specific responsibility

We believe that every member of staff has a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some students will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that students with mental health needs get early intervention and the support they need. All staff must be trained in and understand possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect young people from adversity, such as self-esteem, communication and problem-solving skills, a sense of

worth and belonging and emotional literacy (see appendix 1 on risk and protective factors).

We have a nominated Senior Mental Health Lead on the Leadership Team and a group of trained staff including our Counsellor, SENDCO, Head of the ASD Resource, Deputy Designated Safeguarding Leads, Teaching Assistants and Pastoral and Achievement Co-ordinators responsible for co-ordinating provision, including external support, for students with Mental Health needs. These staff are members of the Mental Health Team that meets, regularly, to discuss cases and build, monitor and review our Mental Health Action Plan that complements the Corporate Strategy and Operational Plan. All staff are responsible for identifying students and passing on concerns to the appropriate staff member.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some students will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs and their families.

Mental Health topics feature within our PSHE programme which is delivered both internally and by external professionals as appropriate.

Other sources of information include:

Our school website: [www.hughfaringdon.org](http://www.hughfaringdon.org)

Our School X feed:

Family Line: 0808 802 6666: [www.family-action.org.uk/familyline](http://www.family-action.org.uk/familyline)

Young Minds: [www.youngminds.org.uk](http://www.youngminds.org.uk)

Supporting young people's positive mental health

We believe the School has a key role in promoting the positive mental health of our students and helping to prevent mental health problems. Our School has developed a range of strategies and approaches including:

- Pupil-led activities
- Peer Support Programme
- Anti-bullying Ambassadors
- Transition Programmes from primary schools
- Mission Week
- Mental Health sessions through the PSHE curriculum
- Restorative sessions

Teaching about mental health and emotional wellbeing

Through PSHE and RE we teach the knowledge and social and emotional skills that will help young people to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

Identifying, referring and supporting children with mental health needs

Our approach:

- Provide a safe environment to enable students to express themselves and be listened to.
- Ensure the welfare and safety of all students is paramount.
- Identify appropriate support for students based on their needs.
- Involve parents and carers when their child needs support.
- Involve students in the care and support they have.
- Monitor, review and evaluate the support with students and keep key staff, parents and carers updated.

### Early Identification

Our identification system involves a range of processes referred to above. We aim to identify students with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- Gathering information from the previous school at transfer.
- Analysing behaviour, exclusions, accident and medical records, attendance and sanctions.
- Staff report concerns about individual children to the relevant lead persons.
- Annual Review Meetings
- Review meetings
- A parental information and health questionnaire
- Pupil surveys
- Ethos that enables students to raise concerns to any member of staff.
- Ethos that enables parents and carers to raise concerns to any member of staff.
- Termly Mental Health Surgeries
- Referrals to counsellor and external agencies
- Mental Health Trailblazer provision
- Daily review of the Securus Screen Captures (to highlight inappropriate Internet activity)

Staff at Blessed Hugh Faringdon Catholic School receive training on the protective and risk factors as part of our membership of the Reading Mental Health Support Team

(MHST) and our continuing contribution to the development of this initiative locally and regionally. This is supplemented by an annual programme of professional development sessions and these are attended by key staff. Any member of staff concerned about a pupil will take this seriously and talk to the Senior Mental Health Lead (also the Designated Safeguarding Lead) or a member of the team. On appointment and annually, thereafter, each member of staff must read, and confirm they have done so, the required safeguarding and mental health and well-being documentation.

The signs of mental health concerns might include:

- Isolation from friends and family and becoming socially withdrawn.
- Changes in activity or mood or eating/sleeping habits. Falling academic achievement.
- Talking or joking about self-harm or suicide.
- Expressing feelings of failure, uselessness or loss of hope.
- Secretive behaviour.
- An increase in lateness or absenteeism.
- Not wanting to do PE or get changed for PE.
- Wearing long sleeves in hot weather.
- Drugs or alcohol misuse.
- Physical signs of harm that are repeated or appear non-accidental.
- Repeated physical pain or nausea with no evident cause.

Staff are made aware, via formal and informal professional development, that mental health needs such as anxiety, might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This behaviour may be related to home problems, difficulties with learning, peer relationships or development. If there is a concern that a pupil is in danger of immediate harm the School's safeguarding procedures are followed. If there is a medical emergency the School's procedure for medical emergencies is followed.

#### Disclosures by children and confidentiality

We recognise the importance of staff being calm, supportive and non-judgemental to young people who disclose a concern about themselves or a friend. Staff make it clear to children that disclosures will be shared with the Designated Safeguarding Lead or Deputy Designated Safeguarding Leads (who are all mental health trained) and recorded, in order to identify and provide appropriate support to the student. All disclosures are recorded and held on the student's confidential file.

## Tracking of Pupils Social, Emotional and Mental Health (SEMH) progress

At Blessed Hugh Faringdon Catholic School, we carefully track the academic progress and attainment of pupils who have been identified as requiring Social and Emotional Mental Health support.

### Assessment, Intervention and Support

All concerns are reported to the Senior Mental Health Lead or the appropriate member of the Mental Health team. We review the concern and ensure that student gets the support needed, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

We make every effort to support parents and carers to access services where appropriate. Our primary concern is the young person and, in the event that parents and carers are not accessing services, we will seek advice from Social Services. We also provide information for parents and carers to access support for their own mental health needs, which may be benefit through completion of an Early Help Assessment if thought relevant.

## Appendix 1

### Mental Health in Children Guidance for Parents

Know the signs. Children can develop the same mental health conditions as adults, but their symptoms may be different. Know what to watch out for and how you can help.

Why is it hard for parents to identify mental illness in children?

- It's typically up to the adults in a child's life to identify whether the child has a mental health concern. Unfortunately, many adults don't know the signs and symptoms of mental illness in children.
- Even if you know the red flags, it can be difficult to distinguish signs of a problem from normal childhood behaviour. You might reason that every child displays some of these signs at some point. And children often lack the vocabulary or developmental ability to explain their concerns.
- Concerns about the stigma associated with mental illness, the use of certain medications, and the cost or logistical challenges of treatment might also prevent parents from seeking care for a child who has a suspected mental illness. What mental health conditions affect children?
- Children can develop all of the same mental health conditions as adults, but sometimes express them differently. For example, depressed children will often show more irritability than depressed adults, who more typically show sadness.
- Children can experience a range of mental health conditions, including:
  - o Emotional disorders
    - o Depression (Mood disorders — such as depression and bipolar disorder — can cause a child to feel persistent feelings of sadness or extreme mood swings much more severe than the normal mood swings common in many people.)
    - o Anxiety disorders (Children who have anxiety disorders — such as obsessive-compulsive disorder, post-traumatic stress disorder, social phobia and generalized anxiety disorder — experience anxiety as a persistent problem that interferes with their daily activities. Some worry is a normal part of every child's experience, often changing from one developmental stage to the next. However, when worry or stress makes it hard for a child to function normally, an anxiety disorder should be considered).
    - o Conduct disorders such as:
      - ☐ Oppositional Defiant Disorder
      - ☐ Hyperkinetic disorders
      - ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- Less common disorders
  - Pervasive developmental disorder



- Psychotic disorders (eg Schizophrenia- This chronic mental illness causes a child to lose touch with reality (psychosis). Schizophrenia most often appears in the late teens through the 20s.
- Eating disorders

What are the warning signs of mental illness in children?

Warning signs that your child might have a mental health condition include:

- Mood changes. Look for feelings of sadness or withdrawal that last at least two weeks or severe mood swings that cause problems in relationships at home or school.
- Intense feelings. Be aware of feelings of overwhelming fear for no reason — sometimes with a racing heart or fast breathing — or worries or fears intense enough to interfere with daily activities.
- Behaviour changes. These include drastic changes in behaviour or personality, as well as dangerous or out-of-control behaviour. Fighting frequently, using weapons and expressing a desire to badly hurt others also are warning signs. • Difficulty concentrating. Look for signs of trouble focusing or sitting still, both of which might lead to poor performance in school.
- Unexplained weight loss. A sudden loss of appetite, frequent vomiting or use of laxatives might indicate an eating disorder.
- Physical symptoms. Compared with adults, children with a mental health condition might develop headaches and stomach aches rather than sadness or anxiety.
- Physical harm. Sometimes a mental health condition leads to self-injury, also called self harm. This is the act of deliberately harming your own body, such as cutting or burning yourself. Children with a mental health condition also might develop suicidal thoughts or attempt suicide.
- Substance abuse. Some young people use drugs or alcohol to try to cope with their feelings.

What should I do if I suspect my child has a mental health condition?

If you are concerned about your child's mental health, consult your child's doctor. Describe the behaviour that concerns you. Consider talking to your child's teacher, close friends or loved ones, or other caregivers to see if they've noticed any changes in your child's behaviour. Share this information with your child's doctor, too.

How do health care providers diagnose mental illness in children?

Mental health conditions in children are diagnosed and treated based on signs and symptoms and how the condition affects a child's daily life. There are no simple tests to determine if something is wrong.

To make a diagnosis, your child's doctor might recommend that your child be evaluated by a specialist, such as a psychiatrist, psychologist, social worker, psychiatric nurse, mental health counsellor or behavioural therapist.

Your child's doctor or mental health provider will also look for other possible causes for your child's behaviour, such as a history of medical conditions or trauma. He or she

might ask you questions about your child's development, how long your child has been behaving this way, teachers' or caregivers' perceptions of the problem, and any family history of mental health conditions.

Diagnosing mental illness in children can be difficult because young children often have trouble expressing their feelings, and normal development varies from child to child. Despite these challenges, a proper diagnosis is an essential part of guiding treatment.

How can I help my child cope with mental illness?

Your child needs your support now more than ever. Before a child is diagnosed with a mental health condition, parents and children commonly experience feelings of helplessness, anger and frustration. Ask your child's mental health provider for advice on how to change the way you interact with your child, as well as how to handle difficult behaviour.

Seek ways to relax and have fun with your child. Praise his or her strengths and abilities. Explore new stress management techniques, which might help you understand how to calmly respond to stressful situations.

Consider seeking family counselling or the help of support groups, too. It's important for you and your loved ones to understand your child's illness and his or her feelings, as well as what all of you can do to help your child.

To help your child succeed in school, inform your child's teachers and the school counsellor that your child has a mental health condition. If necessary, work with the school staff to develop an academic plan that meets your child's needs. If you're concerned about your child's mental health, seek advice.

Don't avoid getting help for your child out of shame or fear.

With appropriate support, you can find out whether your child has a mental health condition and explore treatment options to help him or her thrive.

## **Section 2- Staff Mental Health and Wellbeing**

### **Aims:**

Blessed Hugh Faringdon Catholic School recognises that staff are its most important resource. We seek to ensure that all staff feel valued, appreciated and that their contribution to the whole school agenda is recognised through personal and professional feedback and support, involvement in school decisions and access to professional development. In addition to acknowledging the school's responsibility to staff well-being, the school also recognises that staff have the primary responsibility for their own health and well-being. This involves taking care of oneself and letting the school know about any aspect of work or the working environment which may be affecting health.

We are committed to ensuring the health, safety and welfare of all employees and we believe that all employees should have the benefit of a working environment that creates a sense of well-being and security.

### **Practice:**

The Governors and Headmaster assess the working environment continually for any potential sources of stress, illness or related problems. We prioritise clear and regular communication between staff, their senior leadership team line manager and the Headmaster. We have a staff well-being group which meets regularly with the Headmaster. Staff are responsible for alerting the Headmaster or Senior Mental Health Lead, at the earliest opportunity, to any situation or factor that may be a source of stress, illness or other related problems. All instances of concerns will be treated with sensitivity and, if appropriate, confidentiality.

How Staff can support themselves primarily:

### **LA Support:**

The Head of Operations can signpost specialist staff through Occupational Health or the Employee Assistance Programme (EAP) who can provide professional advice about emotional wellbeing issues. The EAP is an entirely confidential opportunity for staff to discuss and find solutions to their mental health and well-being concerns.

Occupational Health provides support and advice to schools. Via pre-employment medical screening they will ensure that recruits are fit to undertake the range of duties within the job and can identify the type of support that a person may require to perform effectively in the job. In the event of employees suffering ill-health, they will carry out health assessments and, if appropriate, facilitate a return to work.

Health and Safety Advisers provide advice and support to enhance the physical working environment and systems of work. They will also contribute to the risk assessment process. The following areas cover the primary sources of stress at work as identified by the Health and Safety Executive:

- Demands – such as workload, work patterns and the work environment.
- Control – such as how much say the person has in the way they do their work.

- Support – such as the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- Relationships – such as promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- Role – such as whether people understand their role within the organisation and whether the organization ensures that they do not have conflicting roles.
  - Change – such as how organisational change (large or small) is managed and communicated in the organisation.

#### Implementation:

At Blessed Hugh Faringdon Catholic School we will undertake the following to ensure that the areas outlined above are addressed and that staff well-being remains of paramount importance. We provide

- Induction training to introduce employees to the working environment and the work methods. (Refer to the annually up-dated Staff Induction Booklet for further details).
- Regular INSET and training opportunities to enable all members of staff to work efficiently, effectively, safely or within stressful situations, and to be kept informed of the whole school agenda and how all staff can contribute to it including: Positive Handling Training, Safeguarding Training, Health and Safety training, Behaviour Management training, First Aid training etc. (Many of these can be completed on -line via our subscription to Educare).
- Staff have the opportunity to celebrate staff liturgies and mass together on INSET days, in order to reinforce the Catholicity of the school and to promote the culture of support for one another.
- We have a clear and supportive Staff Absence Policy.
- The School's Appraisal Cycle allows for work to be discussed and evaluated and for mutually agreed targets to be established.
- All staff have a copy of the Corporate Strategy and One-Year Operational Plan which is supported by Department/Year Group Development Plans to which all relevant staff contribute, review and up-date.

#### Appraisal

Appraisal Meetings take place on an annual basis for both teaching and nonteaching staff. The previous year is reviewed in September and new targets agreed for the current year. There is a mid-point review prior to Easter and a further review of progress in July. For teaching staff the process is complemented by appraisal observations each with an agreed focus. Job Descriptions may also be discussed at these meetings in order to ensure clarity and to provide an opportunity to discuss priorities if necessary. Aspects of work undertaken during the previous academic year will be celebrated, which the school recognises as a vital opportunity to ensure that all staff feel valued and that their contributions to the school are recognised.

## Corporate Strategy

The School Corporate Strategy is developed in consultation with governors and representative members of staff. The Leadership Team established and reviews the Operational Plan regularly throughout the course of the year. This process is echoed by departments and year teams.

## Risk Assessment

The School's Risk Assessment Documents compiled with the use of the 'Evolve' online system; identify areas in which employees' health or safety are vulnerable and provide a means to introduce more adequate control measures. All members of staff are expected to be aware of their own responsibility for health and safety issues identified in the school's Health and Safety Policy. The school's Health and Safety policy is available on our Intranet and it signposted to all staff to read.

Staff briefings, termly Staff Well-being Group meetings, emails and other means of communicating information help to ensure that all employees are kept abreast of workplace issues which may affect them. All staff receive an electronic copy of the Staff Briefing minutes.

School Policy Documents relating to Wellbeing are all available on our Intranet and offer information to staff in terms of advice and agreed procedures in dealing with any grievances, conflict or harassment.

Mentoring and/or coaching may be used to assist individuals to develop their strengths and to strengthen areas for development. This may be undertaken by the line manager, a member of the leadership team or any member of staff who is deemed suitable for that role.

The Occupational Health Service can provide advice, support and lifestyle screening and advise on whether rehabilitation following a period of absence can help employees return to work without experiencing a recurrence of the cause of absence.

We may produce a Wellbeing Support Programme in consultation with the staff member, where additional provision/consideration would be beneficial – for example where there is an ongoing physical and/or mental health and wellbeing need. Where a staff member has been referred to Occupational Health the findings will feed into the Wellbeing Support Programme, but such a programme is not limited to staff referred to the Occupational Health service.

Paid and unpaid time off is available in some circumstances (as per our Staff Absence Policy) for family emergencies and personal or parental needs. Any Special Leave of Absence must be requested in advance to the Headmaster.

The School Operates an Open-Door Policy. Staff are encouraged to approach the Headmaster or a member of the leadership team with any concerns they have with regard to their well-being.

Feedback to staff, via Lesson Observation or general feedback provides a vital opportunity to celebrate successes and to address any areas for future development which would make further contributions to raising standards of attainment and achievement amongst our students.

Staff are encouraged to belong to a Trade Union / Professional Association.

Health and Safety is a standing item on all meeting agendas and staff are consulted on premises matters such as improvements to different areas of the school building which affect them.

Staff are consulted on matters of well-being via surveys and the well-being group and feedback is reviewed to inform actions.

It is acknowledged that staff have families and other commitments out of the workplace and therefore all staff are encouraged to adopt a healthy Work / Life Balance.

Teaching Staff receive their PPA entitlement and ECTs benefit from an additional 10% in Year 1 and 5% in Year 2, of the programme, for professional development purposes.

Subject Leaders and Year Leaders are given additional non-contact time to complete the required leadership activities for the year.

Where problems arise:

The school will provide support and discuss options as appropriate to the circumstances. In some cases this may include seeking external help. The school will continue to support staff even when external services are involved. During this time the school will seek to maintain the confidentiality, rights and dignity of the staff involved.

## **Appendix 1a**

This policy should be read in conjunction with the following documents:

- Antibullying Policy
- Behaviour for Learning Policy
- Capability Policy
- Equality Policy
- Grievance Policy
- Health and Safety Policy
- Racist Incidents and Abuse Policy
- Relationships and Sex Education Policy
- Safeguarding Policy
- SEND Policy
- Staff Behaviour Policy
- Staff Sickness Absence Policy
- Leave of Absence Policy
- Whistle Blowing Policy

The Mental Health and Well Being Policy will be reviewed annually with the Full Governing Body.