



Student Mental Health and Wellbeing

Date approved: January 2020
Signed by Chair of Governors: Mr Paul Rossi

A handwritten signature in black ink on a white rectangular background, appearing to read "P Rossi".

Date approved: January 2020
Signed by Headteacher: Mrs K Pereira

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Reviewed: January 2020
Next Review: January 2022



St John Fisher
Catholic High School

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Student Mental Health and Well-being Policy

"I have come that they may have life and have it to the full" John 10:10

St John Fisher Catholic High School recognises that the physical, mental and social health and wellbeing of students is of the utmost importance and our school has a pivotal role to play in this. We also believe that the Catholic, inclusive ethos of our school promotes the health and well-being of students and staff.

Physically Healthy students understand:

- The importance of a healthy diet and the need to make sensible choices
- The importance of regular exercise
- The importance of regular sleep
- The risks associated with smoking, drugs and alcohol
- The importance of good personal hygiene
- The importance of having an awareness of their bodies and identifying when something is wrong
- How to manage illness proportionately and when it is appropriate to seek medical advice
- Respect their bodies and insist on others doing the same

Mentally healthy students have the ability to:

- develop psychologically, emotionally, intellectually and spiritually
- initiate, develop and sustain mutually satisfying personal relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- confront and resolve problems and setbacks and learn from them.

Socially healthy students are able to:

- Form positive and appropriate relationships with family members, peers and other appropriate adults
- Understand the importance of kindness and treating others with respect and compassion
- Manage difficult situations with their peers and know how to ask for help
- Recognise when a relationship is unhealthy and advocate for themselves
- Understand the risks of child sexual and child criminal exploitation and keep themselves safe from this
- Confidently manage a range of formal and informal social situations
- Become active and responsible members of our school community and wider society

Whole School Approach: A Summary

We have adopted a waved approach for intervention across the school. While many of the examples reference emotional and social well-being, the same principles are in place for physical well-being.

In developing our whole school approach we have had regard to the eight principles to promote emotional health and well-being outlined in the Public Health England document of March 2015 (Appendix 1). We have also used the risk and protective factors outlined in the DfE 'Mental Health and Behaviour in schools' publication of 2015 (Appendix 2).

Wave 1 – Universal

The emphasis here is on prevention. We deliver a comprehensive package across the curriculum and co-curriculum, as well as offering excellent pastoral support, so students are educated about staying healthy, understand the links between physical, emotional, mental and social well-being and develop strategies to support their personal health and well-being, while also offering each other the peer to peer support which is part of a healthy community. We view the leadership of students in this area as being crucial to its success, for example through our Sports leaders programme, House Ambassadors, School Council and also through the #BeeU well-being brand. There is also an emphasis on promoting staff wellbeing and ensuring that members of staff are fully trained to support and empower students.

Wave 2 – Universal Targeted

We look to identify students in need of a little extra support early, perhaps anticipating future problems or noticing students up who we feel need some additional nurture. We adopt a strategic approach to the identification of students ('triage') and also measure the impact of the time limited interventions we put in place. Parental communication is prioritised at this stage, working in partnership for the benefit of the students.

Wave 3 – Targeted

This wave is for students who have not responded as expected to the wave 2 intervention, or who have experienced a traumatic event or health issue that requires specialist support. Timely triage conversations within school are one of the most important aspects here as well as partnership with external services, as well as ensuring that all agencies involved communicate effectively and do not duplicate the support offered. The ongoing support at this stage is monitored through Inclusion Forum.

Wave 4 – Specialist

This wave is for urgent health issues and will involve an emergency referral to A&E, CAMHS or Social Care. The Lead DP will always be involved in the triage conversation along with a member of the SEND team. The School Nurse will also be involved in the signposting conversation. The safety of the student is paramount and we will look at managing risk for the student in school, how they access an appropriate curriculum and whether they require off site education in the case of illness.

For further information on the waved approach please see Appendix 3.

Linked Policies

This is a brief policy that is designed to be read in conjunction with other school policies including:

Safeguarding Policy
Anti-bullying policy
E-safety policy
SEND policy
SEND Information Report
Attendance policy
Mobile technology policy
Behaviour for Learning Policy
Children in Care policy
Complaints policy
SRE Policy
Equality and Diversity Policy
Careers Strategy

Useful Links

<https://www.mind.org.uk/>

<https://www.who.int/news-room/facts-in-pictures/detail/mental-health>

<https://www.samaritans.org/>

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

<https://www.england.nhs.uk/mental-health/>

<https://www.gov.uk/government/publications/supporting-mental-health-in-schools-and-colleges>

<https://www.gov.uk/government/publications/mental-health-and-wellbeing-provision-in-schools>

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

<https://mhfaengland.org/>

<http://chums.uk.com/cambs-pborough-services/>

www.kooth.com

<https://www.cpft.nhs.uk/training/primary-care-child-and-adolescent-mental-health-services-north-team.htm>

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Review Date: January 2022

Staff Member Responsible: AHT

Appendix I: Public Health England Well-being Model



Appendix 2: Mental Health and Well-being

There are many resources available for schools to support good mental health and emotional well-being. School should be a safe and affirming place for students where they can develop a sense of belonging and feel able to trust and talk openly with adults.

Mental health is 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 his or her community.

Mental health is everyone's business because 9.8% of children aged 5 – 16 have a clinically diagnosed mental health disorder. A further 15% of children have less severe problems that put them at increased risk of developing mental health problems in the future. This means that 25% of 5 – 16 year olds are affected by a spectrum of poor mental health.

Mental health problems can be defined as follows:

- Emotional disorders e.g. phobias, anxiety states, depression
- Conduct disorders e.g. defiance, fire-setting, anti-social behaviour
- Hyperkinetic disorders e.g. disturbance of activity and attention
- Developmental disorders e.g. delay in acquiring specific skills
- Attachment disorders e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or care-givers

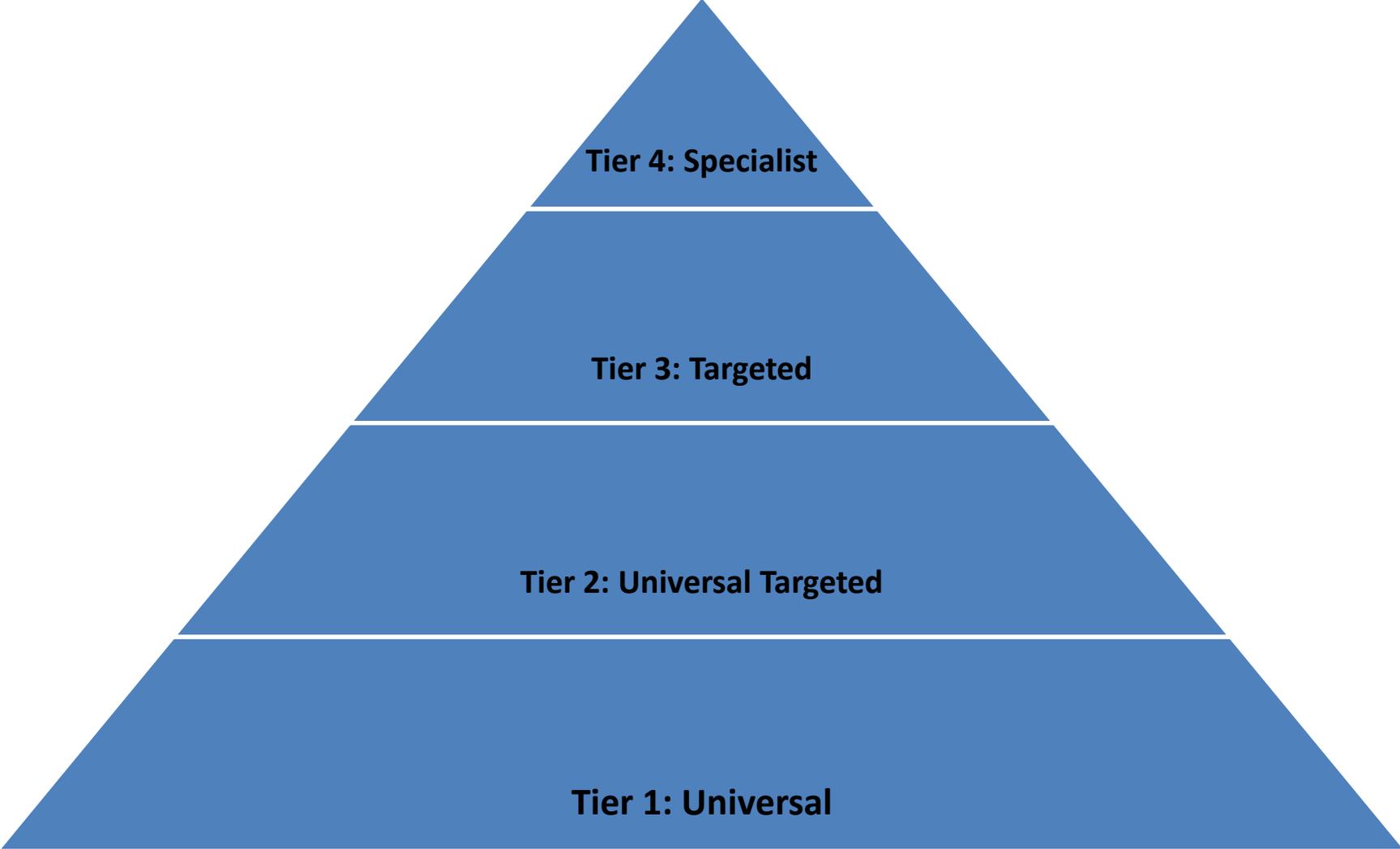
Risk and protective factors

	Risk factors	Protective factors
In the child	Genetic influences Low IQ and learning difficulties Specific development delay or neurodiversity Communication difficulties Difficult temperament Physical illness Academic failure Low self esteem	Being female (in younger children) Secure attachment experience Outgoing temperament as an infant Good communication skills and sociability Being a planner and having a belief in control Humour Problem solving skills and a positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect
In the family	Overt parental conflict including DV Family breakdown (including children being taken into care / adopted) Inconsistent or unclear discipline Hostile or rejecting relationships Failure to adapt to a child's changing needs Abuse -physical / sexual / emotional Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss, including loss of friendships	At least one good parent – child relationship (or one supportive adult) Affection Clear, consistent discipline Support for education Supportive long term relationship or the absence of severe discord
In the school	Bullying Discrimination Breakdown in or lack of positive friendships Deviant peer influence Peer pressure Poor pupil / teacher relationships	Clear behaviour and anti-bullying policies Open doors for children to raise problems Whole school approach to promoting positive mental health Positive classroom management Sense of belonging Positive peer influence
In the community	Socio-economic disadvantage Homelessness Disaster / accidents / war Discrimination Other significant life events	Wider supportive network Good housing High standard of living Schools with high morale Opportunities for valued social roles Range of sport / leisure activities

For most students, there is a balance between risk and protective factors. Difficult events can trigger changes e.g:

- Loss / separation (death, divorce, hospitalisation, loss of friendships, family conflict)
- Life changes (birth of a sibling, house or school move, emigration, transition from primary to secondary)
- Traumatic events (abuse, DV, bullying, accidents, injuries)

Appendix 3: Mental, Emotional and Social Health and Well-being



	Identification	Triage and Leadership	Intervention and Support
Tier 1: Universal	<ul style="list-style-type: none"> • SNAP-B screening for students on entry to school • Use of transition information • Inclusion Forum • Monitoring of behaviour and academic data • Academic tutoring 	<p>School Mental Health Lead: Catherine Wilson Assistant Head Teacher: Atul Karia Heads of House Student well-being group Student well-being champion: Zainia James</p>	<p>Whole school approach to wellbeing including:</p> <ul style="list-style-type: none"> • PSHE programme, including understanding of mental health, Mindfulness, developing resilience and self-esteem, PixL Them and Us, SRE, anti-bullying • Pastoral support: tutor, student support officer • Heroes and other peer mentoring • School ethos and faith, including challenging stereotypes • Chaplaincy Team • Learning Support team • EAL team • Robust school policies e.g. behaviour for learning, anti-bullying, SEND, safeguarding, e-safety, SRE • Effective staff training and understanding • Student led activities – stressless, beeu
Tier 2: Universal Targeted	<ul style="list-style-type: none"> • Concern raised about low mood / lack of self-esteem / lack of resilience / social isolation / unusual behaviours / increased episodes of anti-social behaviour • Placed on SEND monitoring list (SEMH), coded as 2 in SEN info on SIMs • Parents notified and signposted to support as appropriate • SDQ / SNAP-B to be completed as baseline for intervention 	<ul style="list-style-type: none"> • Concerns triaged at Inclusion Forum and collective decisions (Pastoral and SEND teams) made about pathways • EHWPs to be consulted for signposting if required • School Nurse input • Mental health First aiders: C Wilson and L Roberts 	<ul style="list-style-type: none"> • .b Mindfulness course (10 weeks) • Social skills group (6 weeks) • Building resilience and self-esteem course (6 weeks) • Boxing (6 weeks) • Targeted peer mentoring • Emotional literacy package (8 weeks) • Inclusion forum should discuss whether an EHA would be appropriate if there are other factors affecting the family in order to gain additional external support (e.g. Youth worker) • Academic screening to identify any masked learning needs and appropriate academic support if required • Additional SSO / link TA 1:1 time • Signposting to Kooth (over 13s) and CHUMs • Time out card

	Identification	Triage and Leadership	Intervention and Support
Tier 3: Targeted	<ul style="list-style-type: none"> • Tier 2 interventions have not had a measurable impact • Escalation of already established low mood / negative behaviours. harmful behaviours • CP form received outlining mental health concerns • Identified as SEN Support (K) • Parents notified and signposted to support as appropriate • Referral to School Nurse 	<ul style="list-style-type: none"> • Triage conversation to take place the same day CP concerns raised between DP and member of the SEND team (SENCO or Assistant SENCO). Lead DP to be notified about outcome of discussion along with SENCO and AHT Pastoral • Advice to be taken from EHWP's re signposting and pathways • Triage conversation to be documented on CP and SEND file • Students to be raised and discussed further at next Inclusion Forum 	<ul style="list-style-type: none"> • Incredible 5 scale at home and school • All provisions should be mapped on SIMs • Referral to external agencies e.g Cruse, Aspire, Chums, EHWP • 1:1 counselling work with Assistant SENCO • Curriculum adjustments to support well-being • YMCA counsellor referral • Risk assessment to be put in place if required and staff briefed as appropriate • Learning Pathway to be co-produced with parent and child with SMART targets and termly review • DP should consider whether an EHA would be appropriate or whether any concerns warrant a social care referral
Tier 4: Specialist	<ul style="list-style-type: none"> • Tier 3 interventions have not had a measurable impact • Escalation of already established harmful behaviours / poor mental health • Safeguarding concern received indicating a serious risk of harm to the child because of their poor mental health • Parents to be notified and signposted to support as appropriate • Referral to School Nurse • Identified as SEN Support (K) 	<ul style="list-style-type: none"> • Triage conversation to take place the same day CP concerns raised between Lead DP and member of the SEND team (SENCO or Assistant SENCO). • Advice to be taken from EHWP's re signposting and pathways • SPA (CAMHS) to be contacted for a discussion and referral • Social Care Referral to be made if there are concerns about the capacity at home to keep a child safe • Attend A&E if concerns are extreme, however SPA / School Nurse / 111 Option 2 should be contacted first to ensure that student is seen. 	<ul style="list-style-type: none"> • Risk assessment in place in school and parents and student aware. Agreed by Lead DP and SENCO • Staff briefed to ensure safety of student and those around them • Adjusted curriculum as required • CAMHS assessment and subsequent appointments offered • Possible referral to Educational Psychologist if there are other learning difficulties • Daily review of well-being and immediate follow up of non-attendance at school