



Holy Trinity Catholic School

Mental Health and Emotional Wellbeing Policy 2024-25

Contents

- 1.0 Policy Statement
- 2.0 Scope
- 3.0 Policy Aims
- 4.0 Key Staff Members
- 5.0 Individual Care Plans
- 6.0 Teaching about Mental Health
- 7.0 Signposting
- 8.0 Sources of support at school and in the local community
- 9.0 Warning signs
- 10.0 Targeted support
- 11.0 Managing disclosures
- 12.0 Confidentiality
- 13.0 Whole School Approach
 - 13.1 Working with Parents/Carers
 - 13.2 Supporting Parents/Carers
- 14.0 Support Peers
- 15.0 Training
- 16.0 Policy Review

1.0 Policy statement

At Holy Trinity Catholic school, we are committed to promoting positive mental health and emotional wellbeing to all students, their families and members of staff and governors. Our open culture allows students' voices to be heard, and with effective policies and procedures, we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

Given the current challenges which young people face, we understand the key priority of developing and maintaining the emotional wellbeing of all members of the school community and identify maintaining the health, safety and wellbeing of all key stakeholders as a priority. It forms part of the School Improvement Plan and is fundamental to academic success and development of the 'whole child'.

All Governors are Champions of Mental health and wellbeing.

2.0 Scope

This policy is a guide to all staff – including non-teaching and governors – outlining Holy Trinity Catholic School's approach to promoting mental health and emotional wellbeing. It should be read in conjunction with other relevant school policies, including Safeguarding and Child Protection, Attendance, medical needs and Behaviour Policies.

3.0 Policy Aims

- Promote positive mental health and emotional wellbeing in all staff and students.
- Identify and mitigate the impact Covid 19 and Lockdown will have had on staff, pupils, their families and governors
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in students.
- Enable staff to understand how and when to access support when working with young people with mental health issues.
- Provide the right support to students with mental health issues, and know where to signpost them and their parents/carers for specific support.

Ratified by Governors 12th December 2024

- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

4.0 Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of students, however key members of staff have specific roles to play:

- | | |
|--------------------------------------|---------------------------------------|
| • Pastoral Staff | (Staff wellbeing), Anna Brewer |
| ▪ Designated Safeguarding Leads | (Chair) |
| ▪ SENCO | ▪ Mental Health First Aid Leads |
| ▪ School Nurse | ▪ School Link police officer A Abley, |
| ▪ School Medical Lead | ▪ Malachi Link Worker |
| ▪ School nurse from BCHT- J Bonner | ▪ School Counsellor- E Johnson |
| ▪ Senior Mental health leads- JD, RS | |
| ▪ Governors- Ann Norris | ▪ PSD and SRE Leads |
| (Safeguarding), Fr Peter Conley | ▪ School Mental Health lead |

If a member of staff is concerned about the mental health or wellbeing of student, in the first instance they should speak to the Head of year, Behaviour and Medical lead. If this is a child who has a diagnosed condition or a pupil with SEND they should also inform the SENCO.

If there is a concern that the student is high risk or in danger of immediate harm, the school's child protection procedures should be followed and a DSL contacted.

If the child presents a high risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary. If school is concerned due to an immediate risk of harm and is unable to contact parent they will ensure that emergency medical intervention is sought in the health, safety, wellbeing and best interests of the child.

Ratified by Governors 12th December 2024

5.0 Individual Care Plans

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support through either Forward Thinking Birmingham or another organisation, it is recommended that an Individual Care Plan may be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

These pupils should also be identified on the SEND register. It may also be appropriate for some children to be identified pending a diagnosis given the delays and backlogs at city level in accessing formal diagnosis and support.

Suggested elements of this plan include:

- Details of the pupil's situation/condition/diagnosis
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role the school and specific staff

HOY, Drexell staff, Behaviour Leads, Medical lead, Senco, School nurse, DSL, Pastoral staff may be involved as key stakeholders in the plan, depending on the respective need of the child.

6.0 Teaching about mental health

The skills, knowledge and understanding our students need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSD curriculum and our peer mentoring programme.

We will follow the guidance issued by the PSHE Association to prepare us to teach about mental health and emotional health safely and sensitively.

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and-emotional-wellbeing>. Incorporating this into our curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people.

Discreet PSD lessons are supplemented by additional inputs, assemblies and sessions led by external agencies (for example Kooth) where appropriate. Where appropriate school will also use the Diocesan recommended 'Ten Ten' resources.

Additionally, we will use such lessons as a vehicle for providing students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges. **See Section 14 for Supporting Peers**

7.0 Signposting

We will ensure that staff, students and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school (noticeboards, classrooms, toilets etc.) and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events. School has published dedicated information for parents and carers which is available on the school website. It is acknowledged that online safety and social media usages can impact negatively on wellbeing and parents can find support and learning information about this on the school website, as well as via school led workshops for parents and carers.

The aim of this is to ensure students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why should they access it
- What is likely to happen next

8.0 Sources of support at school and in the local community

School Based Support - list the full range of support available to students. For each include:

- Pastoral support- via form tutor, head of year, key stage lead
- Support from wider pastoral team- attendance, pastoral leads, home school link workers
- Support from medical lead in school
- Support via BCHCT school nurse (J Bonner)
- Access to pastoral staff with trained counselling skills
- Support via Pastoral leaders including those who are DSL trained
- Access to support via Drexel and SEND team
- Support via team of staff who are trained in bereavement
- Targeted and therapeutic support and counselling sought and resourced by school which may involve additional outside staff if deemed appropriate (.i.e via Birmingham schools Ed psych team, Barnardos counselling services, Open Door accessed via GP and school nurse services, Birmingham Wellbeing consortium etc).
- Lead for emotional Literacy (NR)
- School led Active Listening Programme
- Support via specialist bereavement trained staff in school
- Staff trained in 'Drawing and Talking' therapy.
- Support via Pupil Mental Health leads and School council/ Student voice group
- Chaplaincy support
- Signposting to external agencies for support as well as supporting families via referrals to Family connect, Early Help Assessments and where appropriate Children's social care.

Local Support

In Birmingham, there are a range of organisations and groups **offering support, including the FTB Birmingham, Birmingham PAUSE, partnership, Kooth online, Living Well consortium, Open Door Counselling Service, The Stick Team, NHS School Nurse Attend Anywhere and Chathealth services-** providers specialising in children and young people's mental health and wellbeing. These partners deliver accessible support to children and young people, including online. Holy Trinity Catholic School is involved in the BEP Mental health and wellbeing programme which works with and trains professionals to identify and support the range of mental health issues through prevention, intervention, training and participation.

9.0 Warning Signs

Staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should alert the Head of Year, SENCO R Sian, A Donnelly (medical lead). Where there is a clear risk to safety a DSL can be contacted via the school office.

Possible warning signs, which all staff should be aware of include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to, or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

10.0 Targeted support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS/ FTB, those living with parents/carers with a mental illness and those living in households experiencing domestic violence, those who may have been very isolated during Lockdown, those who have experienced significant Trauma and or ACES (Adverse Childhood Experiences).

We work closely with our school-funded nurse in supporting the emotional and mental health needs of school-aged children. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating. The school nurse and school can support parents and carers with support for wider families via the early help assessment route and referrals into family support if thresholds are met.

We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for those children most at risk (or already showing signs) of social, emotional, and or behavioural problems;
- Working closely with Birmingham Children's Services, Birmingham FTB and other agencies services to follow various protocols including assessment and referral;
- Identifying and assessing in line with the Early Help children who are showing early signs of anxiety, emotional distress, or behavioural problems;
- Discussing options for tackling these problems with the child and their parents/carers.
- Agree an Individual Care Plan as the first stage of a 'stepped care' approach;
- Providing a range of interventions that have been proven to be effective, according to the child's needs;
- Ensure young people have access to pastoral care and support, as well as specialist services, including the school nurse, Birmingham FTB, so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;
- Provide young people with opportunities to build relationships, particularly those

who may find it difficult to seek support when they need it; and

- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

11.0 Managing disclosures

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental.

All disclosures should be recorded confidentially on the student's personal file, including:

- Date
- Name of member of staff to whom the disclosure was made
- Nature of the disclosure & main points from the conversation
- Agreed next steps

This information will be shared with DSL, SENCO, HOY and Medical lead

If a Peer Mentoring Programme is in place, any disclosures made will also map with this process.

12.0 Confidentiality

If a member of staff feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the student.

We will tell them:

- Who we are going to tell
- What we are going to tell them
- Why we need to tell them
- When we're going to tell them

Ideally, consent should be gained from the student first; however, there may be instances when information **must be shared, such as students up to the age of 16 who are in danger of harm.**

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague, this ensures one single member of staff isn't solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support. Supervision is available for those staff who support the most vulnerable children as part of their day to day responsibilities.

Parents will be informed, but students may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school makes contact with the parents/carers.

If a pupil gives us reason to believe that they are at risk of harm from parents/carers or individuals in the family home, or there are child protection or safeguarding concerns parents will not be informed, but the child protection procedures will be followed as in line with Birmingham safeguarding procedures. School will always seek advice where the situation may not be clear as to the appropriate actions.

13.0 Whole school approach

13.1 Working with parents/carers

If it is deemed appropriate to inform parents there are questions to consider first:

- How to convey information and the best way forward (this may also take into account any time sensitive critical factors for example when dealing with an emergency. Face to face is always best but may not always be possible.
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agree are added to the pupil's record and an Individual Care Plan created if appropriate.

13.2 Supporting parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.);
- Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners; or a referral to Early Help hubs via Family Connect, Early Help Assessment, Referral to social care.
- Ensuring parents, carers and other family members living in disadvantaged circumstances or deemed higher risk (e.g. BAME) are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.
- Welcoming parents into school to discuss concerns and or to attend parent support interventions, such as e safety workshops, coffee mornings, family learning.

14.0 Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support

- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

15.0 Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. A team of staff has received professional Mental Health First Aid training or equivalent.

We will host relevant information on our intranet for staff who wish to learn more about mental health.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

Where the need to do so becomes evident, we will host additional training sessions or provide additional inputs for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Jo Daw or Rav Sian who can also highlight sources of relevant training and support for individuals as needed.

School will engage with support and training is committed to continually look strategically at how we continue to keep Mental Health High Profile in school.

16.0 Policy Review

This policy will be reviewed every two years as a minimum. The next review date is November 2025

This may be reviewed earlier in light of the changes, at local or national level.

In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of Jo Daw

Any personnel changes will be implemented immediately.

All key stakeholders will be consulted in the production and any amendments to this policy, including SENCO, Medical lead, Key pastoral staff, School BCHT nurse, DSL team, PSD co-ordinator, SLT, Pupil voice and the nominated Wellbeing and Mental Health link governors

Appendix 1 - Where can we go for additional guidance?

Birmingham Education Psychology team

<https://www.annafreud.org/what-we-do/schools-in-mind/>

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

<https://mindfulnessteachers.org.uk/>

<https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/>

<https://www.educationsupportpartnership.org.uk/helping-you>

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

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

<https://www.ceopeducation.co.uk/>

<https://www.mind.org.uk/information-support/>

<https://www.mind.org.uk/for-young-people/information-for-parents/>

