



# ST. JOSEPH'S COLLEGE

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## Mental Health and Wellbeing Policy

This policy relates to all sections of St Joseph's College, including the Early Years Foundation Stage.

### Introduction

Mental Health affects all aspects of a child's development including their cognitive abilities and their emotional wellbeing. Childhood and teenage years are when mental health is developed, and patterns are set for the future. For most children the opportunities for learning and personal development during adolescence are exciting and challenging and an intrinsic part of their school experience. However, they can also give rise to anxiety and stress. Children may also suffer anxiety or stress owing to circumstances outside school. More recently, COVID-19 has two years of disruption for children who have had extremely limited opportunities to see friends and wider families, to play and enjoy activities. More than this, many will have been very worried about the impact of Covid on their loved ones. Taken together, this combination of risks and stresses has taken a very heavy toll on some children.

Experiencing some level of mental health challenge in life is totally normal. The emotional and physical transitions involved in growing up can be stressful for all young people, and even completely predictable life changes, such as moving up through school years can be challenging and can affect learning. The hormonal shifts of adolescence bring profound emotional, intellectual and physical changes which shake the sense of self an identity and relationships. The 'teenage brain' has less ability to regulate emotion and impulse and feel empathy than in childhood. Added to these normal pressures we have the accelerating pace of social change, including the rise of IT and social media, with associated problems of isolation, dependency, and cyberbullying.

Mental health problems can seriously impair academic performance and may lead to confused or disturbed behaviour. Minor difficulties that interfere with a child's capacity to work may also result in distress and wasted effort and undermine academic progress.

A more seriously affected child may require a significant level of professional support. Children do suffer from depression. Whilst the suicide rate among teenagers is below that in the general population, young people are vulnerable to suicidal feelings.

The Mental Health Foundation defined children who are mentally healthy as able 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
- Resolve (face) problems, setbacks and learn from them



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## **Aims of St Joseph's College**

As stated in the Safeguarding Policy, St Joseph's College is committed to providing a safe and secure environment for pupils and promoting a climate where pupils will feel confident about sharing any concerns they may have.

We aim to provide a supportive environment that will help pupils who experience mental health difficulties, including helping them to realise their academic potential and meet course requirements. By providing the opportunity to pursue social, cultural, sporting and spiritual fulfilment, in addition to achieving academic potential, we also aim to facilitate and promote positive mental health and well-being.

St Joseph's College seeks to achieve these aims by:

- Nurturing a supportive community that encourages a sense of social responsibility and spiritual and personal development
- Helping children to develop emotional resilience and understanding of mental health (including through the College's PSHEE and RSE Programme).
- Maintaining a culture in which mental health problems are accepted, not stigmatised
- Liaising with appropriate services to ensure that pupils with serious mental health problems receive appropriate treatment
- Meeting the support and study needs of pupils with mental health disabilities
- Ensuring that the availability of support is accurately represented to both prospective and current pupils and their families
- Establishing consistent procedures across the College for helping pupils with mental health difficulties
- Providing guidance and awareness training to the teaching and other staff involved in the support and care of pupils
- Ensuring that key pastoral staff are trained as Mental Health First Aiders
- Respecting the confidentiality of personal information provided by pupils with mental health difficulties

## **Providing Support**

Pastoral Care in the College is overseen by the College Deputy Head Pastoral, who works closely with the Prep Pastoral Lead, Head of Seniors (Year 7-11), Head of Sixth Form, Heads of Year, Head of Learning Support, Primary Mental Health Worker, Bereavement Counsellor/Wellbeing Coach and Lay Chaplain.

Key pastoral staff are formally trained as Mental Health First Aiders.



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Pastoral care in the College is the responsibility of all staff. The Class Teacher/Tutor is usually the first point of contact when issues arise, they may involve the other key pastoral staff listed above or Deputy Head Pastoral (DSL) as appropriate.

Pupils are guided towards staff in the College and outside organisations whom they can contact if they wish to speak someone and are encouraged to report concerns. There is also a 'Who to Talk To' poster displayed in each classroom. Most personal problems experienced at school can be resolved quickly by talking to a family member or a friend or by seeking help from their form tutor and/or other key staff on the pastoral team. Both the formal and informal systems of pastoral care are usually sufficient to address academic problems that give rise to anxiety or stress.

More serious emotional and psychological problems identified by staff would be referred to the Deputy Head Pastoral and pupils may be advised to see a Staff Mentor, the Lay Chaplain, the Bereavement Counsellor/Wellbeing Coach or Primary Mental Health Worker.

Where necessary, the school can refer a pupil to other agencies within the local Mental Health Services, which would be done in consultation with parents.

## Pastoral Support Stages

There are **four** stages in terms of pastoral levels of support in the College:

Pastoral Support Stage	Overseen By
Stage 1	Class Teacher/Form Tutor
Stage 2	Head of Year, Assistant Head of Sixth Form, Head of EYFS and Prep Pastoral Lead
Stage 3	Prep Pastoral Lead, Head of Seniors and Head of Sixth Form
Stage 4	College Deputy Head Pastoral (DSL)

Pastoral Stages are overseen by the Deputy Head Pastoral alongside the Prep Pastoral Lead, Head of Seniors and Head of Sixth Form. All work closely with the Lay Chaplain, Bereavement Counsellor/Wellbeing Coach, Primary Mental Health Worker and Head of Learning Support. In addition to weekly meetings, Pastoral Stages are reviewed each half term both academically and in an SEMH context.

Further information is provided for staff on Pastoral Stages in the Staff Handbook.

Following consultation between the relevant members of the pastoral team, support strategies would be agreed between the pastoral team, the pupil, and the pupil's parents. This would be available to the relevant teaching staff on CPOMS (secure pastoral management system) to provide the appropriate level of support for the pupil.



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## **Families providing information**

We recognise that our pupils come from a wide variety of backgrounds (including overseas), with differing attitudes and approaches to mental health issues. It is important that the families of pupils who have, or have had, mental health problems are encouraged to share this information with an appropriate member of staff. The College needs to know of the pupil's circumstances to ensure the appropriate support is provided and reasonable adjustments be made to enable them to learn and study effectively. Pupils and their families can share their relevant health information on the understanding that the information will be shared on a strictly need-to-know basis. All information received will be stored securely in CPOMS, automatically alerting those who should be aware to ensure the appropriate level of care for the pupil.

The College asks for a confidential reference from a pupil's previous school and specifically asks whether there are any pastoral or medical issues of which the College should be aware in order to discharge our duty of care.

## **Respecting Confidentiality**

A pupil with mental health difficulties is extremely unlikely to seek help unless he/she knows the information shared will be treated as confidential. Doctors, nurses, counsellors are all required to observe confidentiality in accordance with strict ethical codes. Whilst emphasising the responsibility to respect privacy, these codes also provide advice about the circumstances when it would be appropriate to share information with third parties who need to know that there are specific concerns about a pupil, for example where there is a significant danger of a pupil harming themselves



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## **Useful information for Pupils, Parents and Staff**

YoungMinds: <http://www.youngminds.org.uk/> Parents Helpline 0808 802 5544

Mental Health Foundation: [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk) 0207 803 1100

Rethink Mental Illness: [www.rethink.org](http://www.rethink.org) 0300 5000 527

CAMHS Berkshire Health Care website: [www.berkshirehealthcare.nhs.uk/camhs/](http://www.berkshirehealthcare.nhs.uk/camhs/) 0300 365 0300

Kooth: [www.kooth.com](http://www.kooth.com) Online mental wellbeing community providing free, safe and anonymous support



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## Appendix 1

A list of the Mental Health First Aiders is available on request.

## Appendix 2

### A Guide to Teenage Depression and Suicide Prevention

#### Purpose

Unlike adults, teenagers often rely upon parents and teachers to recognise their distress and to enable them to obtain help. This guideline is to help staff recognise and help manage pupils who suffer with depression and to identify those at risk of suicide or self-harm.

#### Signs and symptoms of depression in teenagers

- Sadness or hopelessness
- Irritability, anger or hostility
- Tearfulness or frequent crying
- Withdrawal from friends and family
- Loss of interest in activities
- Changes in eating and sleeping patterns
- Restlessness and agitation
- Feelings of worthlessness and guilt
- Lack of enthusiasm and motivation
- Fatigue or lack of energy
- Difficulty concentrating
- Thoughts of death or suicide

#### The difference between teenage and adult depression

- **Irritability or angry mood** - irritability, rather than sadness, is often the predominant mood in depressed teenagers. A depressed teenager may be grumpy, hostile, easily frustrated or prone to angry outbursts.
- **Unexplained aches and pains** - depressed teenagers frequently complain about physical ailments such as headaches or stomach aches.
- **Extreme sensitivity to criticism** - depressed teenagers are plagued by feelings of worthlessness, making them extremely vulnerable to criticism, rejection and failure. This is a particular problem for "over-achievers".
- **Withdrawing from some, but not all people** - while adults tend to isolate themselves when depressed, teenagers usually keep up at least some friendships. However, teenagers with depression may socialise less than before, pull away from their parents, or start hanging out with a different crowd.



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## Effects of teenage depression

The following are some of the ways in which teenagers “act out” or “act in” in an attempt to cope with their emotional pain:

- **Problems at school** - depression can cause low energy and concentration difficulties. At school, this may lead to poor attendance, a drop in grades or frustration with schoolwork in a formerly good student.
- **Running Away** - pupils may run away from home or school or talk about running away. Such attempts may be a cry for help.
- **Drug and alcohol abuse** - teenagers may use alcohol or drugs in an attempt to ‘self-medicate’ their depression. Unfortunately, substance abuse only makes things worse.
- **Low Self-esteem** - depression can trigger and intensify feelings of ugliness, shame, failure and unworthiness.
- **Internet Addiction** - teenagers may go online to escape their problems, but excessive computer use only increases their isolation, making them more depressed. Be aware of cyber-bullying.
- **Reckless Behaviour** - depressed teenagers may engage in dangerous or high-risk behaviours, such as reckless driving, out-of-control drinking and unsafe sex.
- **Violence** - some depressed teenagers, usually boys who are the victims of bullying, become violent. Self-hatred and a wish to die can erupt into violence and rage.

## Suicide warning signs in teenagers

Seriously depressed teenagers often think about, speak of or make ‘attention seeking’ attempts at suicide, but an alarming and increasing number of teenage suicide attempts are successful, so suicidal thoughts or behaviours should always be taken very seriously.

For the overwhelming majority of suicidal teenagers, depression or another psychological disorder plays a primary role. In depressed teenagers, who also abuse alcohol or drugs, the risk of suicide is even greater. Because of the very real danger of suicide, teenagers who are depressed should be watched closely, for any signs of suicidal thoughts or behaviour.



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## Suicide warning signs in depressed teenagers

- Talking or joking about committing suicide
- Saying things like, "I'd be better off dead", "I wish I could disappear forever" or "there's no way out"
- Speaking positively about death or romanticising dying ("If I died, people might love me more")
- Writing stories and poems about death, dying or suicide
- Engaging in reckless behaviour or having a lot of accidents resulting in injury
- Giving away prized possessions
- Saying goodbye to friends and family, as if for the last time.
- Seeking out weapons, pills or other ways to kill themselves

## Supporting a teenager through depression treatment

Being involved with the care of a depressed teenager can be difficult and draining. It is important to remember that the pupil is not creating problems on purpose but is suffering. Being there to listen and offer support, to be patient and understanding, to let the pupil know that he/she is valued, accepted and cared for, is important.

Where you suspect that a pupil maybe suffering from depression, it is important that you strongly encourage him/her to speak to the Heads of Section, who are, or are in the process of becoming qualified Mental Health First Aiders. Where there are suicide warning signs, the contact should be immediate and the Deputy Head Pastoral or other Designated Safeguard Leads should be the first port of contact.

- **Be understanding** - looking after a depressed teenager can be difficult and draining. At times, you may experience exhaustion, rejection, despair, aggravation or any other number of negative emotions. During this trying time, it is important to remember the pupil is not being difficult on purpose but is suffering, so do your best to be patient and understanding.
- **Encourage physical activity** - encourage your teenager to stay active. Exercise can go a long way toward relieving the symptoms of depression, so find ways to incorporate it into your teenager's day. Something as simple as walking the dog or going on a bike ride can be beneficial. Exercise can help, but be aware that depression can be associated with tiredness or reduced motivation. Encourage pupils to exercise and work with the PE staff to develop an exercise programme when necessary.
- **Encourage social activity** - isolation only makes depression worse, so encourage your pupils to see friends and praise efforts to socialise. Encourage extra-mural activities with a social component.
- **Stay involved in treatment** - in addition to prescribed medication, pupils may require prolonged psychological therapy. This may involve travel and timetable disruption and so pupils will appreciate when staff 'know what they are going through'. If you recognise a rapid or gradual deterioration in a pupil's condition, inform the Deputy Head Pastoral, Deputy Head Prep or other Designated Safeguard Leads without delay.





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- **Child Protection Issues** - a pupil may confide information to you that suggests physical, emotional or sexual abuse or neglect. They may give information suggesting a significant risk of self-harm. You do not owe a duty of confidentiality but in the pupil's own best interests, seek immediate help from the Designated Safeguard Leads in the College.

## **Supporting the Peer Group in incidences of teenage depression**

The school recognises that the peer group and immediate friends of a pupil suffering from depression or with significant mental health issues will require targeted and ongoing support. This support will be provided by the most appropriate combination of pastoral staff, school counsellor or any other appropriate specialist. Parents will also often be informed at this stage to ensure co-ordinated support. The level and nature of the support will be dependent on medical advice.

## **Supporting the staff managing pupils with teenage depression**

The school recognises the considerable burden that members of staff carry when they support pupils with mental health issues. They will have access to ongoing support from the most appropriate combination of the Pastoral Staff, School Counsellor, and, of course, the Head and members of the SLT. Support will be available to meet their own personal needs as well as to assist them in the management of the pupils.

## **Eating Disorders**

The same principles in terms of the support provided for pupils and staff apply in relation to Eating Disorders or any other mental health issues being managed, including all forms of self-harm.