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MENTAL HEALTH AND WELLBEING POLICY

Policy Owner Sean Hatton Assistant Head (Wellbeing & Safeguarding)	Associated documents • Anti Bullying policy, • Behaviour, Rewards and Sanctions policy, • Hearing the student voice policy, • PSHEE policy, • Relationships and sex education (RSE) policy, • Safeguarding policy,	Legal Framework • Keeping Children Safe in Education (2025), • Working Together to Safeguard Children (2023), • Maintained schools governance guide, • Working together to improve school attendance (2024), • Promoting and supporting mental health and wellbeing in schools and colleges, • Part 3 of the schedule to the Education (Independent School Standards) Regulations 2014,
Review by Sean Hatton Assistant Head (Wellbeing & Safeguarding)	Review frequency Annually	Next Review date October 2026



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Changes History:

Version	Date	Amended by:	Substantive changes:	Purpose
1.0				
2.0	30/10/23	SJAH	1. Structure of policy, 2. Inclusion of linked policies and legislation, 3. Change of roles within policy 4. Inclusion of 'Who to talk to' posters in Appendix 3	1.To make referencing and editing simpler, 2. Compliance, 3. Clarity following restructure of SLT and appointment of EMHP 4. Ease of reference
2.1	9/8/24	SJAH	1. Change of role titles 2. Inclusion of wellbeing offer as appendix	1. Compliance following title changes 2. Important addition
2.2	17/08/2025	SJAH	Removal of appendix 4 (Wellbeing offer)	Change in staff circumstances leading to changes in offer



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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.

1. Aims

- 1.1. By means of this policy, St Joseph's College aims to:
 - 1.1.1. provide a safe and secure environment for students,
 - 1.1.2. promote a climate where students will feel confident about sharing any concerns they may have.
 - 1.1.3. provide a supportive environment that will help students who experience mental health difficulties, including helping them to realise their academic potential and meet course requirements,

2. Introduction

- 2.1. 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.
- 2.2. 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.
- 2.3. 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.
- 2.4. 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



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adolescence bring profound emotional, intellectual, and physical changes which shake the sense of self an identity and relationships.

- 2.5. 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.
- 2.6. 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.
- 2.7. 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.
- 2.8. The Mental Health Foundation defined children who are mentally healthy as able to:
 - 2.8.1. Develop psychologically, emotionally, intellectually, and spiritually,
 - 2.8.2. Initiate, develop and sustain mutually satisfying personal relationships,
 - 2.8.3. Use and enjoy solitude,
 - 2.8.4. Become aware of others and empathise with them,
 - 2.8.5. Play and learn,
 - 2.8.6. Develop a sense of right and wrong,
 - 2.8.7. Resolve (face) problems, setbacks and learn from them,
 - 2.8.8. Providing the opportunity to pursue social, cultural, sporting, and spiritual fulfilment, in addition to achieving academic potential,
 - 2.8.9. facilitate and promote positive mental health and well-being.



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- 2.9. St Joseph's College seeks to achieve these aims by:
- 2.9.1. Nurturing a supportive community that encourages a sense of social responsibility and spiritual and personal development,
 - 2.9.2. Helping children to develop emotional resilience and understanding of mental health (including through the College's PSHEE and RSE Programme),
 - 2.9.3. Maintaining a culture in which mental health problems are accepted, not stigmatised,
 - 2.9.4. Liaising with appropriate services to ensure that students with serious mental health problems receive appropriate treatment,
 - 2.9.5. Meeting the support and study needs of students with mental health disabilities,
 - 2.9.6. Ensuring that the availability of support is accurately represented to both prospective and current students and their families,
 - 2.9.7. Establishing consistent procedures across the College for helping students with mental health difficulties,
 - 2.9.8. Providing guidance and awareness training to the teaching and other staff involved in the support and care of students,
 - 2.9.9. Ensuring that key pastoral staff are trained as Mental Health First Aiders,
 - 2.9.9.1. Key support staff should also be trained as Mental Health First Aiders so that several adults are available for young people in times of crisis,
 - 2.9.10. Respecting the confidentiality of personal information provided by students with mental health difficulties.



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3. Providing Support

- 3.1. Pastoral Care in the College is overseen by the Assistant Head (Wellbeing & Safeguarding), who works closely with the Pastoral team,
 - 3.1.1. The Pastoral team includes:
 - 3.1.1.1. the Prep Pastoral Lead,
 - 3.1.1.2. Head of Sixth Form and Assistant Head of Sixth Form,
 - 3.1.1.3. Heads of Year and/or Heads of Section,
 - 3.1.1.4. the SENCo,
 - 3.1.1.5. Mental Health Practitioner,
 - 3.1.1.6. College Therapist,
 - 3.1.1.7. Lay Chaplain.
 - 3.1.2. Key pastoral staff are formally trained as Youth Mental Health First Aiders by MHFA England.
 - 3.1.2.1. The College Senior Mental Health Lead is Sean Hatton, Assistant Head (Wellbeing & Safeguarding), who oversees support for both students and staff.
- 3.2. Pastoral care in the College is the responsibility of all staff.
 - 3.2.1. The Class Teacher/Tutor is usually the first point of contact for students, they may involve the other key pastoral staff listed above or Assistant Head (W&S) (DSL) as appropriate,
- 3.3. Students 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.
- 3.4. A 'Who to Talk To' poster is updated annually and displayed in each classroom (see appendix 3),
- 3.5. 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.
- 3.6. More serious emotional and psychological problems identified by staff would be referred to the Assistant Head (W&S) and students may be advised to see the Lay Chaplain, Mental Health Practitioner or the College Therapist as per the College Wellbeing offer (appendix 4).



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

4. Pastoral Support Stages

- 4.1. There are **four** stages in terms of pastoral levels of support in the College:
- 4.1.1. Pastoral Support Stage 1 is overseen by the student's class teacher or form tutor,
 - 4.1.2. Pastoral Support Stage 2 is overseen by the student's Head of Year/Section, Assistant Head of Sixth Form, Head of EYFS or Prep Pastoral Lead,
 - 4.1.3. Pastoral Support Stage 3 is overseen by the Prep Pastoral lead, Head of Sixth Form or Head of Year/Section,
 - 4.1.4. Pastoral Support Stage 4 is overseen by the Assistant Head (W&S),
- 4.2. Pastoral Stages are overseen by the Assistant Head (W&S) alongside the Prep Pastoral Lead, Heads of Year/Section, and Head of Sixth Form.
- 4.2.1. All work closely with the Lay Chaplain, Mental Health Practitioner, College Therapist and SENCo.
 - 4.2.2. In addition to regular meetings, Pastoral Stages are reviewed each half term both academically and in an SEMH context.
- 4.3. Further information is provided for staff on Pastoral Stages in the Staff Handbook.
- 4.4. Following consultation between the relevant members of the pastoral team, support strategies would be agreed between the pastoral team, the student, and the student's parents.
- 4.4.1. This would be available to the relevant teaching staff on CPOMS (secure pastoral management system) to provide the appropriate level of support for the student.



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5. Families providing information

- 5.1. We recognise that our students come from a wide variety of backgrounds (including overseas), with differing attitudes and approaches to mental health issues.
- 5.2. It is important that the families of students who have, or have had, mental health problems are encouraged to share this information with an appropriate member of staff,
 - 5.2.1. This includes where a student may be accessing support by external counsellors, therapists, or other mental health support services
- 5.3. The College needs to know of the student's circumstances to ensure the appropriate support is provided and reasonable adjustments be made to enable them to learn and study effectively.
- 5.4. Students 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.
- 5.5. 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 student.
- 5.6. The College asks for a confidential reference from a student'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.

6. Respecting Confidentiality

- 6.1. A student 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,
- 6.2. 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 student, for example where there is a significant danger of a student harming themselves,



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7. Useful information for Students, Parents and Staff

7.1 The following contacts are available for young people and their parents to access support of different levels. For more information, please contact the Assistant Head (W&S)

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

7.1.2. Mental Health Foundation: www.mentalhealth.org.uk 0207 803 1100

7.1.3. Rethink Mental Illness: www.rethink.org 0300 5000 527

7.1.4. CAMHS Berkshire Health Care website:
www.berkshirehealthcare.nhs.uk/camhs/ 0300 365 0300

7.1.5. TellMi: www.tellmi.helpOnline mental wellbeing community providing free, safe, and anonymous support.

7.1.6. Childline 0800 1111

7.1.7. NSPCC 0808 800 5000

7.1.8. NSPCC Sexual Abuse in Education Helpline 0800 136 663

7.1.9. No5 Counselling 0118 901 5668

7.1.10. Samaritans 0345 909 090

7.1.11. Police 101 (non-emergency), 999 (emergency)

Appendix 1

College Mental Health First Aiders

Youth Mental Health First Aiders



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YOUTH MENTAL HEALTH FIRST AIDERS
Sean Hatton
Alice Albrow
Luke Cairns
Dorinda Bray
Kate Holdcroft
Matthew Jones
Scott Jenkins
Tom Lowe-Broadley
Prash Suraweera

Adult Mental Health First Aiders

ADULT MENTAL HEALTH FIRST AIDERS
Michele Gravenor
Sean Hatton
Carole Carr
Sharon Boccaccini
David Watkins
Gemma Davies
Jess Mann
Jessica Marandola
Laura Stotesbury
Natalia Jwaideh
Mathew Jones

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 students who suffer with depression and to identify those at risk of suicide or self-harm.

Signs and symptoms of depression in teenagers



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- 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".



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- **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. **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** - students 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.

Suicide warning signs in depressed teenagers

- Talking or joking about committing suicide



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- 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 take their own life.

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 student is not creating problems on purpose but is suffering. Being there to listen and offer support, to be patient and understanding, to let the student know that he/she is valued, accepted, and cared for, is important.

Where you suspect that a student maybe suffering from depression, it is important that you strongly encourage him/her to speak to the Heads of Year, 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 Assistant Head (W&S) 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 student 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 students 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 students 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, students may require prolonged psychological therapy. This may involve travel and timetable disruption and so students will appreciate when staff 'know what they are going through'. If you recognise a rapid or gradual deterioration in a student's condition, inform the Assistant Head (W&S) or other Designated Safeguard Leads without delay.
- **Child Protection Issues** - a student 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 student's own best interests, seek immediate help from the Designated Safeguard Leads in the College.



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Supporting the Peer Group in incidences of teenage depression

The school recognises that the peer group and immediate friends of a student 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 students with teenage depression

The school recognises the considerable burden that members of staff carry when they support students 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 students.

Eating Disorders

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



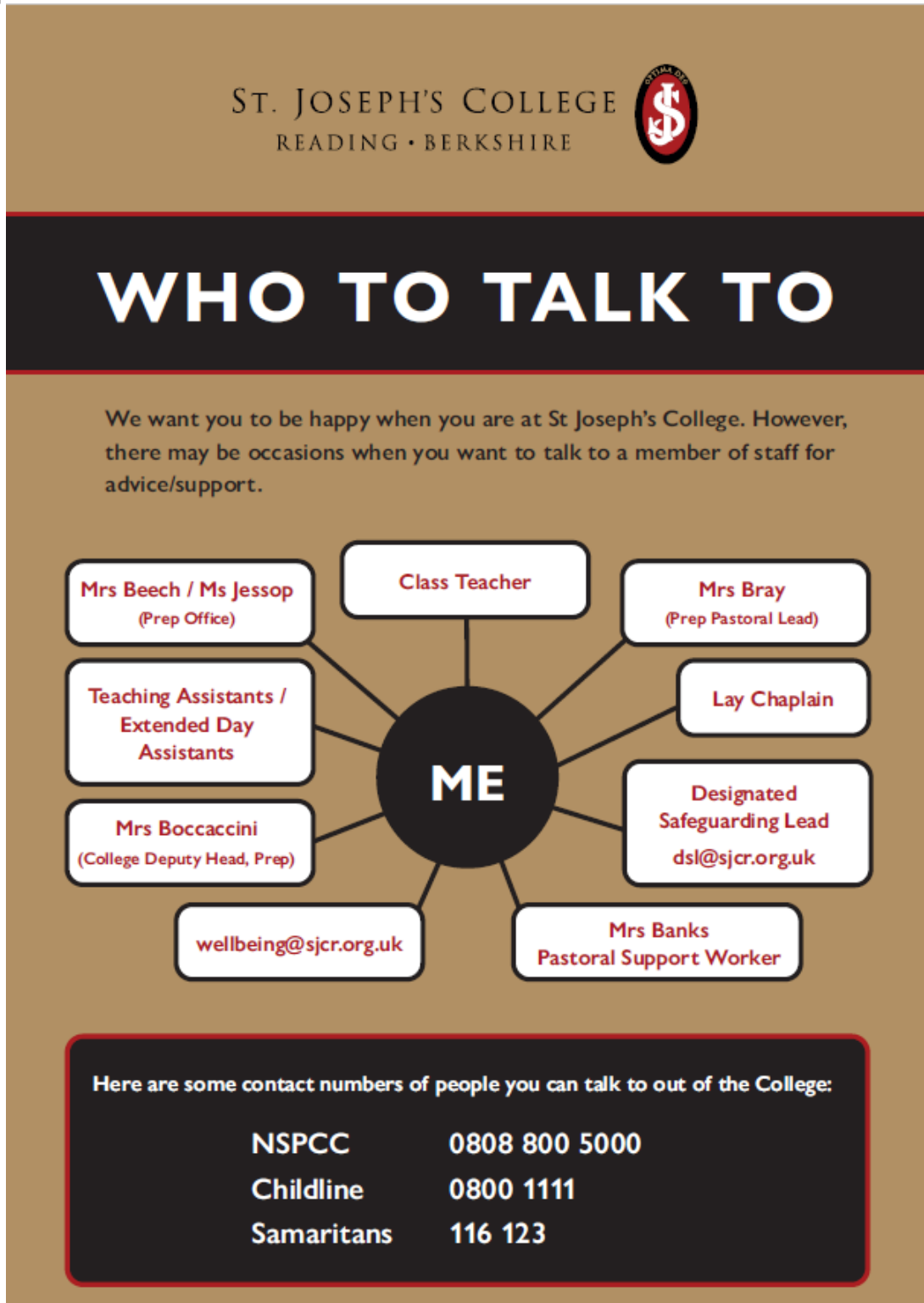
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Appendix 3

Who to talk to

Prep poster

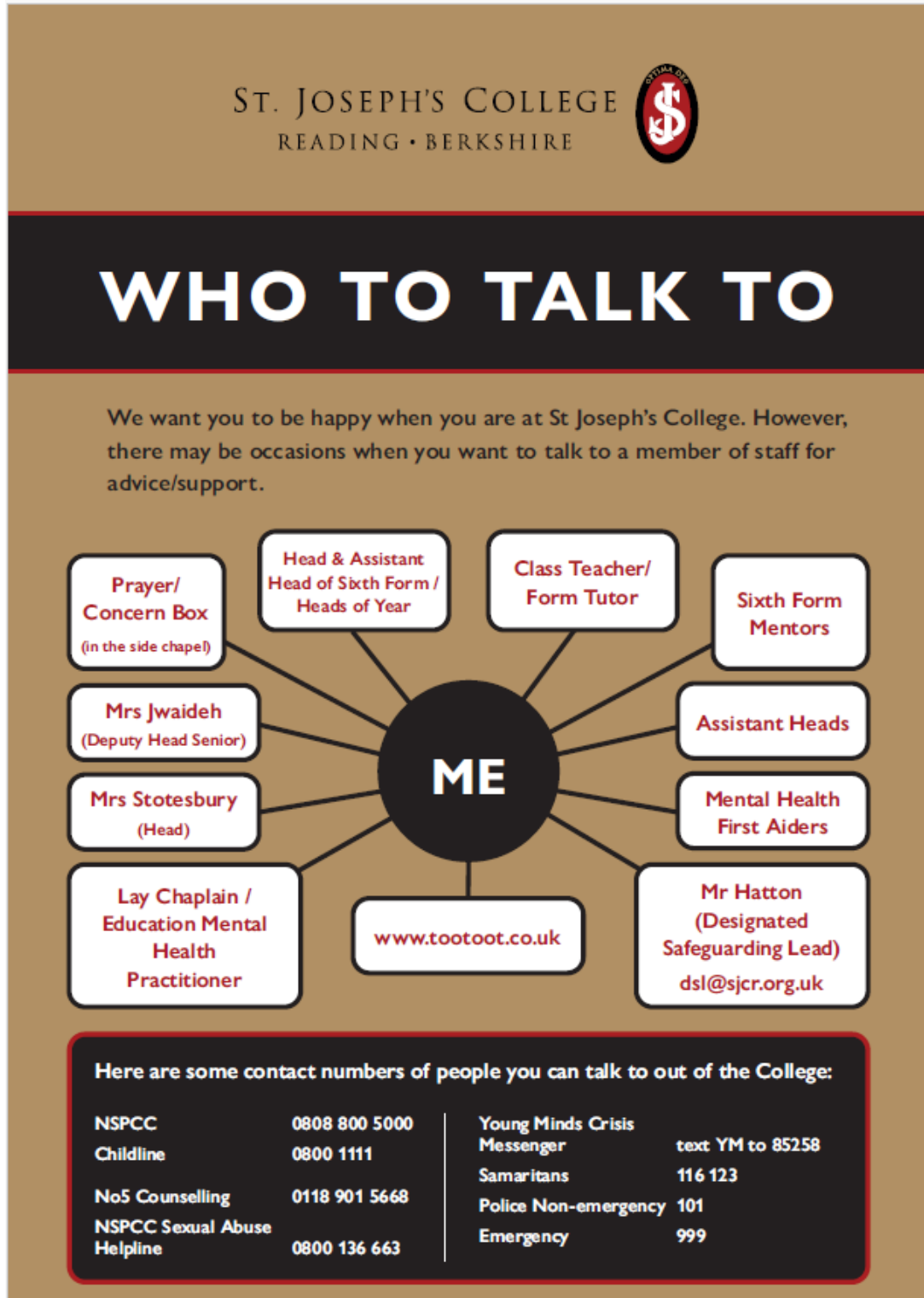




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Senior poster





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