



# Saint Ambrose College

## Mental Health and Wellbeing Policy

Reviewed	To be reviewed
January 2025	January 2027

## **Policy Statement**

St Ambrose College is committed to promoting the mental health and wellbeing of all students. We recognise that mental health is as important as physical health and aim to create a safe, supportive environment where all students feel valued and understood.

We recognise that students who are emotionally well will be more likely to enjoy success, be happy and achieve better academically. We promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students and students experiencing mental health difficulties. All children go through ups and downs through their school career and some face significant life events. In addition to promoting positive mental health, we recognise and respond to mental health challenges. By developing and implementing practical, relevant and effective mental health policies and procedures we promote a safe and stable environment for students affected both directly, and indirectly by mental health challenges. We believe that all staff and students are responsible for demonstrating the values of the school and fostering a healthy environment for all. Students are challenged academically but this is not at the expense of their mental and physical health.

## **Purpose of this Policy**

This document describes the school's approach to promoting positive mental health and wellbeing, and to support any students facing these challenges. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our SEND policy in cases where a student's mental health overlaps with, or is linked to, a medical issue and the SEND policy where a student has an identified special educational need.

This policy aims to:

- Promote Awareness: Raise awareness of mental health issues among students, staff, and parents.
- Encourage Help-Seeking: Foster an environment where seeking help is normalised and encouraged.
- Provide Support: Ensure accessible support services for students experiencing mental health challenges.
- Train Staff: Equip staff with the necessary skills and knowledge to support students' mental health.
- Engage Parents: Involve parents in discussions and activities related to mental health.

## **A whole School Approach to Promoting Positive Mental Health.**

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

1. Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. Helping students to develop social relationships, support each other and seek help when they need to
3. Helping students to be resilient learners
4. Teaching students social and emotional skills and an awareness of mental health
5. Early identification of students who have mental health needs and planning support to meet their needs, including working with specialist services
6. Effectively working with parents and carers
7. Supporting and training staff to develop their skills and resilience
8. Supporting and training Gentlemen of the Sixth Form to support younger students

## **Roles and Responsibilities**

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health difficulties and ensure that students with mental health needs get early intervention and the support they need.

All staff are trained to understand about possible risk factors that might make some children more likely to experience problems.

These can include: a physical long-term illness, having a parent who has a mental health difficulties, death, and loss such as the loss of friendships, a family breakdown and bullying. Staff also understand the factors that protect children from adversity, such as self-esteem, positive communication, developing problem-solving skills, a sense of worth or belonging and emotional literacy.

## **Lead Staff**

Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

- Mr P M Groves: Vice Principal, DSL, Senior Mental Health Lead, YMHFA
- Miss H Dean: Behaviour and Welfare Coordinator, DDSL, Mental Health Team, YMHFA
- Mrs K Keary: SENDCo
- Mr J Cutting: HoY, Mental Health Team, YMHFA
- Miss C Widolf: HoY, Mental Health Team, YMHFA
- Mr E Gwyer: Teacher of Science, Mental Health Team, YMHFA
- Mr C Trigwell: Teacher of PE, YMHFA
- Miss S McManus: Teacher of RE, PSHCE Lead, YMHFA
- Mrs R Ollier: Attendance Officer, YMHFA
- Mr T Murray : Chaplain

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

## **Supporting Mental Health**

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are taught as part of our PSHCE programme, Tutor Programmes, Assembly Programme and designated workshops throughout the year. Across all Key Stages we use the PSHCE Association framework which includes learning around mental health and wellbeing.

Our school has a range of support options including:

- Staff trained in Youth Mental Health First Aid
- Staff trained in ASIST (Applied Suicide Intervention Skills Training) – Suicide safer communities
- Students trained as YMHFA ambassadors and ASIST
- Displays signposting students to sources of support
- Assemblies delivered by Kooth
- A wide range of extracurricular activities
- Key Worker Support
- Regular check-ins with a trusted adult

- School counselling
- Peer Mentoring
- Wellbeing club ran by 6<sup>th</sup> form students
- An appointment with the School Nurse
- SENDCo. who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including students whose mental health problems mean they need special educational provision.
- School Counsellor who provides one-to-one therapeutic sessions and drop in support sessions
- Safeguarding Team who monitor emerging needs and potential risks and make appropriate referrals for support
- Heads of Years who provide regular check-ins for students
- Work with Thrive (MHST – Mental Health Support Team) and share information
- Trafford Team Together who manage referrals to mental health and wellbeing support agencies
- Child and Adolescent Mental Health (CAMHS)
- Educational Psychologist

Whenever we highlight sources of support, we increase the chance of student help-seeking by ensuring students understand:

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

### **Identification**

We aim to identify children with mental health needs as early as possible and provide a prompt response. It is the responsibility of all staff to be vigilant to changes in students that could suggest they are struggling.

- Any member of staff who is concerned about the mental health or wellbeing of a student speaks to the Form Tutor or Head of Year of the student. A The concern is logged on CPOMS
- The Form Tutor or Head of Year will establish at what level the issue needs to be dealt with
- The student might be discussed at line management meetings
- If there is a fear that the student is in danger of immediate harm then the normal child protection procedures are followed with an immediate referral to the Designated Safeguarding Lead or a member of the Safeguarding Team
- If the student presents a medical emergency then the normal procedures for medical emergencies are followed, including alerting the First Aid Staff and contacting the Emergency Services if necessary
- A safety plan might be completed with the student and, or, a risk assessment
- Where a referral to CAMHS is appropriate, this will be led and managed by the School Nursing team, SENDCo or the Senior Mental Health Lead
- Inform parents unless unsafe to do so

### **Warning Signs**

School 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. Staff observing any of these warning signs should communicate their concerns to the staff specified earlier in the Policy.

**Possible warning signs include:**

- non-verbal behaviour
- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- lowering academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope
- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather
- repeated physical pain or nausea with no evident cause

**Managing Student disclosures**

- A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure
- If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental
- Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix C.
- Staff treat disclosures as they would any other disclosure and safeguarding protocols should be followed. See Child Protections and Safeguarding Policy for guidance
- Students are always signposted towards Kooth when they are experiencing difficulties with their mental health. This is so they can access support out of school hours
- This information should be shared with the DSL who can offer support and advice about next steps

**Sharing of Information**

Information is shared with all relevant adults in school to ensure that the student is supported and that any adjustments are put in place.

CPOMs is used to store and share information. A student may be added to the Pastoral Support List and staff are required to check this regularly, as well as this information being shared in the bulletin.

Any concerns about a student listed on the Pastoral Support List should be shared with the Key Staff identified on this list.

**Working with Parents**

School will inform parents unless there is a reason not to do so and staff will always have a sensitive approach.

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We are accepting of this (within reason) and give the parent time to reflect.

We always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as

they process the information. We finish each meeting with agreed next step and always keep a brief record of the meeting on CPOMS.

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents, we:

- Highlight sources of information and support about common mental health issues on our school website
- Provide information at Information Evenings to ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our newsletter
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

### **Monitoring and Evaluation**

We will:

- Regularly review the policy to assess its effectiveness and make necessary adjustments based on feedback from students, staff, and parents.
- Use surveys to gather data on student wellbeing and identify areas for improvement.
- Report findings to the school community to promote transparency and continuous improvement.

### **Confidentiality**

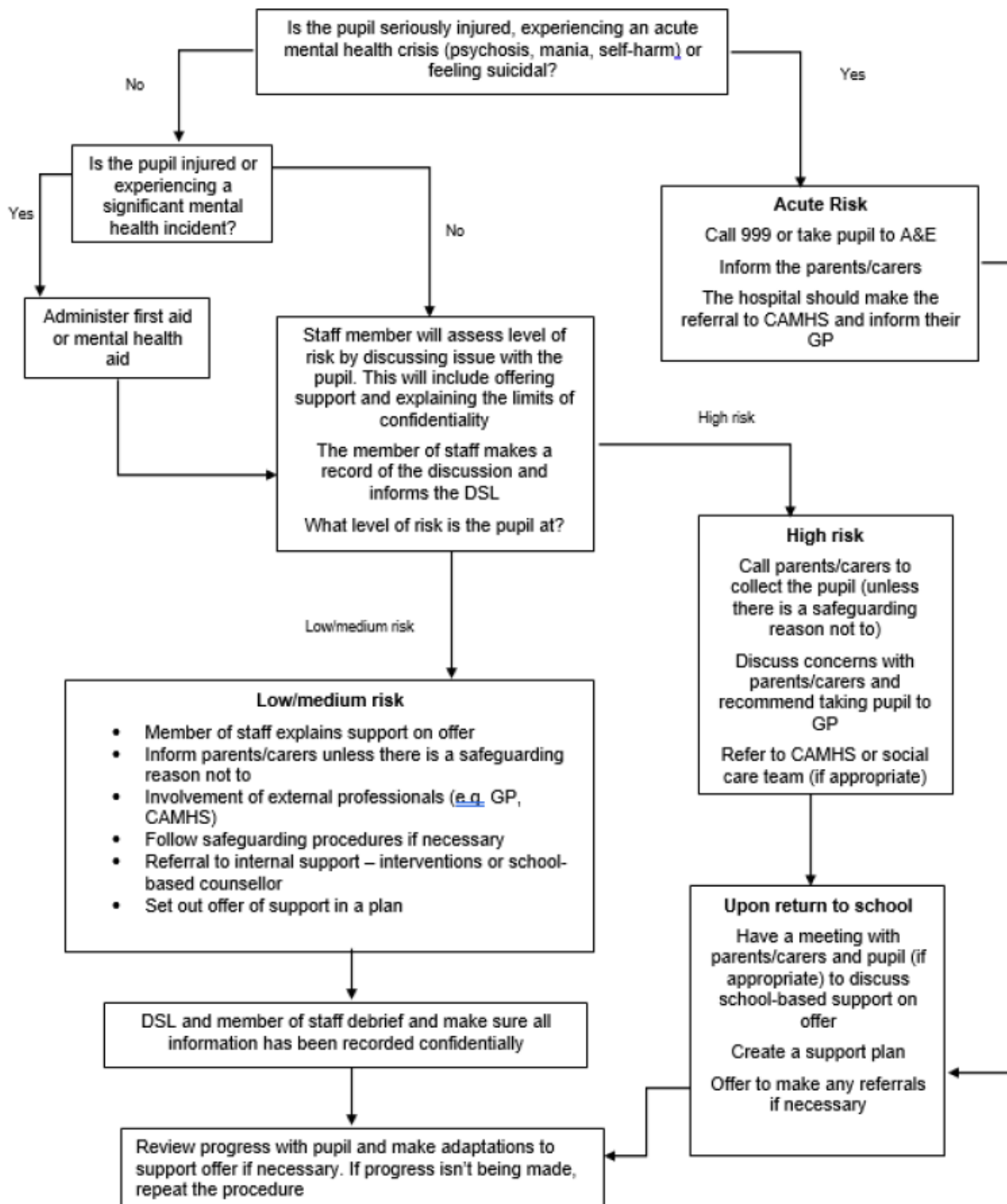
All discussions regarding mental health will be treated with the utmost confidentiality, in line with school safeguarding policies.

### **Conclusion**

This policy is intended to create a supportive environment that prioritises mental health and wellbeing at St Ambrose College. By working collaboratively, we can ensure that all students feel safe, supported, and empowered to thrive both academically and personally.

Appendix A Procedure to follow in a case of acute mental health crisis

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## **Appendix B Sources of Support**

Anna Freud: <https://www.annafreud.org/resources/children-and-young-peoples-wellbeing/young-people-urgent-help/>

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

Mind: [www.mind.org.uk/](http://www.mind.org.uk/)  
<https://www.mind.org.uk/for-young-people/how-to-get-help-and-support/useful-contacts/>

Minded: [www.minded.org.uk/](http://www.minded.org.uk/)

SelfHarm.co.uk: [www.selfharm.co.uk/](http://www.selfharm.co.uk/)

National Self-Harm Network: [www.nshn.co.uk/](http://www.nshn.co.uk/)

Anxiety UK: [www.anxietyuk.org.uk/](http://www.anxietyuk.org.uk/)

OCD UK: [www.ocduk.org/ocd/](http://www.ocduk.org/ocd/)

42<sup>nd</sup> Street: <https://www.42ndstreet.org.uk/>

Prevention of young suicide UK – PAPYRUS: <https://www.papyrus-uk.org/>

Kooth online counselling: [www.kooth.co.uk/](http://www.kooth.co.uk/)

Childline: [www.childline.org.uk/](http://www.childline.org.uk/)

Samaritans: [www.samaritans.org.uk/](http://www.samaritans.org.uk/)

Trafford Directory: <https://www.trafforddirectory.co.uk/kb5/trafford/fsd/home.page>

Counselling and Family Centre: <https://www.thecfc.org.uk/>

Text SHOUT to 85358

NHS support dial 111

Chat with a School Nurse 07312 263056

## **Appendix C: Talking to students when they make mental health disclosures**

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate. The approach followed will be dependent on the particular circumstances and will be child focused.

### **Focus on listening**

*“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”*

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

### **Don’t talk too much**

*“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”*

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

### **Don’t pretend to understand**

*“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”*

The concept of a mental health difficulty such as an eating disorder or obsessive-compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

### **Don’t be afraid to make eye contact**

*“She was so disgusted by what I told her that she couldn’t bear to look at me.”*

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

### **Offer support**

*"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."*

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

### **Acknowledge how hard it is to discuss these issues**

*"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."*

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you.

Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

**Don't assume that an apparently negative response is actually a negative response** *"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."*

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

### **Never break your promises**

*"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."*

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

NB: Staff will be trained and reminded at least annually in these processes and procedures.