SACRED HEART HIGH SCHOOL

WELLBEING POLICY

FEBRUARY 2026

to be reviewed 2028

Contents

1 INTRODUCTION

1.1 Mission

Sacred Heart High School Hammersmith is an 11-18 girls' Comprehensive Academy. All that we do in our school is underpinned by our Mission statement.

We are a community of faith and learning, based on the Gospel of Jesus Christ, His values and teachings. We seek constantly to improve everything we do so that we can make a difference for the young women who will shape the society of the future.

Our Mental Health and Emotional Wellbeing policy seeks to do this through:

- Providing an education which inspires a life-long love of learning
- Respecting the uniqueness, worth and development of each individual, both as a learner and as a person called by God in dignity and faith
- Offering a broad and balanced curriculum which meets the needs of each student
- Challenging and supporting each other to achieve our full potential and to develop gifts and talents for the service of others
- Building upon our partnership with parents, the Society of the Sacred Heart, Governors, the Church and the local Authority
- Strengthening and extending collaborative links with the international network of Sacred Heart schools and Colleges, other learning institutions, including Universities and the wider community
- Creating a well ordered, stimulating, and secure learning environment, which encourages personal growth and development
- Making effective use of all our resources on behalf of the young people who come here

1.2 Rationale

Sacred Heart High School believes that our school plays a crucial role in developing our students' mental health, and a positive school environment and ethos promote emotional wellbeing across the community. There are a variety of ways that we can support both children and young people and parents and carers through: establishing consistent systems and interventions; enabling children and young people to develop a sense of belonging; ensuring children and young people feel safe and have the opportunity to ask for help, and providing support for parents and carers who need additional help.

A consistent whole school culture and vision is integral for developing children and young people's positive mental health and resilience. A child's mental health will affect them for the rest of their life; it influences their overall health, happiness and productivity into adulthood. Promoting and protecting mental health in school children and young people is therefore one of the most important things we can do for them. Half of all lifetime mental health problems develop by the age of 14, affecting approximately three children in every classroom. Untreated problems in early life lead to adult mental illness.

As well as lifetime wellbeing there are immediate benefits to positive emotional health. Children are happier, make friends and sustain relationships, are aware

of and understand others, face problems and setbacks and learn from them, enjoy their play and leisure time and, most importantly for schools, they learn better.

2 SCOPE

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors. This policy should be read in conjunction with our health and safety, and safeguarding policies in cases where a student's mental health overlaps with or is linked to a medical issue, safeguarding concern, and the SEN policy where a student has an identified special educational need or is on the child protection register

This policy aims to:

- Promote positive mental health and emotional wellbeing in all staff and pupils.
- 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 pupils with mental health issues and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Outline legal considerations pertaining to minors and mental health

3 LEGISLATION AND GUIDANCE

This policy aligns with:

- Keeping Children Safe in Education 2025;
- Working Together to Safeguard Children 2023, updated online safety standards including AI, filtering and monitoring;
- Working Together to Improve School Attendance (statutory, August 2024);
- Relationships, Sex and Health Education – revised July 2025 for implementation from 1 September 2026;
- The Equality Act 2010;
- The Data Protection Act 2018;
- The UN Convention on the Rights of the Child (Articles 3 and 23)

This policy should be read alongside:

- Attendance Policy
- Behaviour Policy

- Curriculum Access policy
- Online Safety policy
- RSHE/PSHE policy
- Anti-Bullying policy
- Child Protection and Safeguarding Policy

4 ROLES AND RESPONSIBILITIES IN SCHOOL

All staff are responsible for promoting positive mental health and wellbeing across our school and for understanding risk factors. If any members of staff are concerned about a pupil's mental health or wellbeing, they should inform the DSL. Staff with a specific, relevant remit include:

- Sharon O'Donovan – Headteacher / DSL
- Marian Conran - DSL
- Howard Williams – Acting SMHL and PSHE Lead
- Millie Fraser – SENCO
- Cheryl Subban – Inclusion Lead and Attendance Champion
- Sally Gorman-Moffatt – Pastoral Support Manager
- Niamh Braiden - Pastoral Support Manager
- Jo Knight- School Counselling Lead
- Heads of Year – Y7 John-Joe Coughlan, Y8 Lena Aushana, Y9 Jennifer Phillips, Y10 Philippa Kennedy, Y11 Charlotte Miller, Y12 Dominic Shetcliffe, Y13 Cathy McCarthy

Any member of staff who is concerned about the mental health or wellbeing of a pupil should contact the DSL, Mental Health Lead, Head of Year or PSM in the first instance. If there is a concern that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the DSL or the Head Teacher. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

5 WHAT IS MEANT BY A MENTAL HEALTH DIFFICULTY?

The term 'mental health' describes a 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 her or his community. A mental health difficulty is one in which a person is distracted or unable to engage with ordinary life due to upsetting, disturbing thoughts and/or feelings. These problems may distort or negatively impact a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern.

6 STATUTORY REQUIREMENTS AND RECOMMENDATIONS

Under The Equality Act (2010) a person with a mental health difficulty is covered if their condition leads to an adverse impact on their ability to carry out their normal day-to-day activities. This will include students with conditions such as depression, bipolar disorder and disordered eating.

The Act also covers those who have had a mental illness or difficulty in the past, even if they have recovered, and those whose condition meets the definition but is successfully controlled by treatment (for example psychiatric medication such as anti-depressants) or therapy.

Under The Equality Act, it is unlawful to discriminate against students with a diagnosed mental health condition, and 'reasonable adjustments' may need to be made to ensure they can access education. The general principal of 'reasonable adjustments' is that wherever possible, schools should make practical adjusts to enable a student to continue their education. Mental health problems are often variable and students may only need adjustments for a limited period of time whilst they receive treatment or until they are better able to function.

Under the Data Protection Act (DPA), all information regarding students with mental health difficulties is regarded as sensitive and personal information. Any and all information about student mental health is shared on a 'need to know' basis, and is align with defined procedures on sharing of information about students.

Duty of Care - All staff need to be aware of the concept of the 'Duty of Care'. This is a legal obligation which requires us to take reasonable steps to ensure the safety and well-being of all our students, staff and visitors. If a school knows (or should know) that a student is experiencing mental health difficulties, the student should be advised to seek appropriate help and reasonable measures to support them need to be in place. This is particularly important in regard to passing on personal information where mental health difficulties occur.

7 MENTAL HEALTH EMERGENCY OR CRISIS

A Mental Health Emergency or Crisis is defined as: 'A mental health crisis often means that you no longer feel able to cope or be in control of your situation. You may feel great emotional distress or anxiety, cannot cope with day-today life or work, think about suicide or self-harm, or experience hallucinations and hearing voices.' NHS, 2019.

There may be instances where a student's behaviour and mental state are concerning and may lead to immediate danger through harm to themselves or others. The following situations or symptoms classify as a mental health emergency:

- Self-harm
- Suicidal ideation
- Hearing voices
- Psychosis: Experiencing hallucinations and/or delusions

- Extreme emotional distress

If a student presents with any of the above problems, relevant staff should follow the procedures outlined in the Critical Incident Policy, Section 2 – Code Blue Protocol.

8 ROLE OF THE MENTAL HEALTH LEAD

There is an expectation that all schools/colleges should have an individual responsible for mental health in schools/colleges. The Senior Mental Health Lead implements the whole-school approach and coordinates with Mental Health Support Teams**.** The Senior Mental Health lead will:

- provide a link to expertise and support regarding specific children;
- identify issues and make effective referrals;
- contribute to leading and developing whole school approaches around mental health for both students and staff

Where a referral to CAMHS, MIND or another school MHEW service is appropriate, this will be led and managed by the PSM.

9 SIGNPOSTING

We will ensure that staff, children and young people and parents and carers are aware of sources of support within school and in the local community. For sources of external support see Appendix A.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to children and young people within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring children and young people understand:

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

10 WARNING SIGNS

School staff may become aware of warning signs which indicate a pupil 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 communicate their concerns with the PSM using the Safeguard app.

Possible warning signs 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

- increased difficulty in separating from adults (clinginess)
- 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 secretively
- lateness to or absence from school
- repeated physical pain or nausea with no evident cause
- an increase in lateness or absenteeism

11 MANAGING DISCLOSURES

A pupil 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 pupil 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?'

All disclosures should be recorded on Safeguard and held on the student's confidential file. This written record should include:

- Date and time of disclosure, date and time of incident
- The name of the student and the member of staff to whom the disclosure was made
- Main points from the conversation, from the student's point of view
- Additional relevant information

This information should be shared as soon as possible with the PSM through the Safeguard App who will provide store the record appropriately and offer support and advice about next steps.

Students requiring internal support can be referred onto MHL, SENDCO, DSL or PSM by concerned staff or parents via email. In some cases, the student will self-refer - parents will be contacted in this event.

Where a referral to Single Point of Access (SPA)/Child & Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by the DSL.

Staff should be very clear about boundaries in the instance of a serious threat by a student to harm themselves. Staff responsibility to the student in a crisis is

limited to listening, being supportive, and passing the information onto the DSL. Under no circumstances should a member of staff who is not professionally qualified attempt to counsel the student.

12 CONFIDENTIALITY

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent (this is anything linked to a CP issue). Staff must be clear to students that the concern will be shared with the Mental Health Lead and recorded in order to provide appropriate support to the pupil.

All disclosures are recorded and held on the student's confidential record, including date, name of student and member of staff to whom they disclosed, summary of the disclosure and next steps. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if the child is in Years 7-9 or is an emotionally immature Year 10-12, and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL must be informed immediately.

Staff members such as the Mental Health Lead, SEDCO and DSL will all keep updated notes as a record of discussions with students and any action decided or taken. This will be filed appropriately, in order to keep personal, sensitive information secure and should always be written with sensitivity.

13 INDIVIDUAL CARE PLANS

It is helpful to draw up an individual care plan for students experiencing mental health difficulties. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication (if any) and associated side effects
- Internal support and in-school interventions

- What to do and who to contact in an emergency

An Individual Care Plan can be an effective way of discussing, agreeing, and monitoring the support and study needs of a student with mental health difficulties. The Individual Care Plan will include information on any adjustments that have been agreed upon, for example on such things as changes to timetable, and use of Time Out Cards. Relevant staff such as Student Support Workers will perform a PreIntervention Form which will outline current interventions for each student.

The Individual Care Plan will be regularly reviewed and this will give both staff and the student the opportunity to discuss how things are going and to make any changes to the adjustments. Review dates of an Individuals Care Plan can be flexible and responsive to the needs of the student and the concerns of the staff member.

14 SUPPORTING STUDENTS

In order to provide the appropriate support for each child or young person, we will provide three tiers of intervention. For the majority of students, tier one interventions will adequately support their mental health needs. If a student is identified as requiring more targeted support, they will access tier two interventions as appropriate. For more specialised needs, students will access tier three interventions as appropriate.

These tiers of support are outlined below.

14.1 Tier Three – Specialist Help

- CAHMS
- School counsellor
- Individual therapy from external provider

14.2 Tier Two – Targeted Help

- Peer mentoring
- MIND sessions
- Parental support sessions
- Group therapy intervention (e.g. drama/art/gardening)
- Peer support

14.3 Tier One – Early and Proactive Help

- Assemblies
- PSHE
- Wellbeing Ambassadors
- Character Formation Unit and
- Awareness of the Five Goals of SH Education
- Posters and Display
- MHEW Awareness days/weeks

- Extra-curricular clubs
- Retreats
- Leadership roles
- Homework club
- Breakfast club

Decisions about appropriate support and intervention will be made by the DSL and PSM in TACT meetings. These decisions will be recorded as part of the student's care plan.

15 ATTENDANCE, MEDICAL NEEDS AND SUPPORTING CHILDREN

In line with statutory guidance (August 2024), we take a support-first approach to attendance. For pupils whose attendance is affected by mental or physical health, we will consider reasonable adjustments, short-term part-time timetables, and reintegration plans, ensuring regular review with the pupil and parent/carer. Attendance, SEND, safeguarding and pastoral teams will meet regularly to coordinate support.

16 SUPPORTING PARENTS

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 will:

- Highlight sources of information and support about common mental health issues on our school website
- 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 regular information evenings
- 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
- When possible, offer workshops for parents to attend regarding mental health concerns and practice

17 TEACHING ABOUT MENTAL HEALTH

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE and Wellbeing curriculum. From September 2026 the curriculum will follow RSHE 2025 guidance, enhancing coverage of misogyny/VAWG, personal safety, online harms and mental wellbeing.

The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Staff must follow RSHE 2025 guidance: suicide-related content should only be taught with specialist consultation.

18 ONLINE SAFETY AND DIGITAL WELLBEING

We recognise online influences on mental health, including harmful content, misinformation/disinformation, and online sexual harassment. The school maintains appropriate filtering and monitoring and provides education on digital resilience, including safe and critical use of AI. Procedures align with our Online Safety/Acceptable Use policies and KCSIE 2025.

19 PROMOTING SCHOOL-WIDE POSITIVE MENTAL HEALTH

19.1 Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends who often try to support them. Friends generally want to offer support but do not know how without compromising their own well-being. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Students who are supporting their peers with mental health difficulties will know they can seek support from the Student Support Workers.

Support will be provided either in one to one or group settings and will be guided by conversations with 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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

19.2 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. Key staff members such as Heads of Year, Senior Leadership, Attendance Officer, First-Aid, and Reception will have One Day Mental Health First Aid training at a minimum.

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. Training can be provided within schools by identifying staff with experience in this area. The SENDCO and Mental Health Lead might be able to offer this training. For more advanced training on specific topics, external expertise will be utilised. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

In addition to training sessions, improved awareness of mental health issues may be achieved through awareness raising campaigns or events. These are particularly effective if tied in with other events such as World Mental Health Day, which provide opportunities for staff and students to work together. Campaigns that include practical activities such as workshops to promote mental well-being may be particularly effective in promoting the awareness of good mental health.

Suggestions for individual, group or whole school CPD should be discussed with the Mental Health Lead, who can also highlight sources of relevant training and support for individuals as needed.

20 SUPPORT FOR STAFF

We acknowledge the impact on staff of supporting pupils with complex needs. We will: signpost to the Employee Assistance Programme (where available); promote workload-aware practices; and uphold commitments in the Education Staff Wellbeing Charter. Staff can seek advice from the SMHL/DSL at any point.

This policy is supported by the Education Staff Wellbeing Charter and a proactive staff wellbeing strategy.

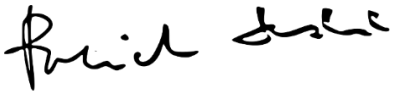
21 MONITORING ARRANGEMENTS

The Senior Mental Health Lead will report termly to SLT and governors on key indicators (e.g. referrals, interventions, attendance links, training uptake and pupil/parent feedback). The policy will be reviewed annually (or earlier if statutory guidance changes) by the SLT and approved by the governing board.

22 REVIEW AND RATIFICATION

This policy (together with its appendices) has been approved and ratified by the Headteacher and the Ethos Committee of the Governing Body in March 2026.

Mrs S O'Donovan
Headteacher



Patrick Sadd
Chair of Ethos Committee

APPENDIX A – SOURCES OF EXTERNAL SUPPORT

Students experiencing mental health difficulties are often best supported with support both in and outside school. There are various mental health charities who

The following resources can be helpful to review and are often signposted to students in school for support.

- GP – Your local GP is usually the first person to contact regarding concerns about a child's mental health.
- Kooth – Online, free counselling for young people.
- Childline – Free counselling for young people via phone or online.
- Calm Harm – Free app for self-harm
- Clear Fear – Free app for anxiety
- Mind – General mental health support and knowledge.
- Young Minds – General mental health support and knowledge.
- Samaritans – Suicide phone-line (116 123)
- A&E – Young people can be taken to A&E during a mental health emergency or crisis.