



# Mental Health and Wellbeing Policy

2022-23

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**Last Updated September 2022**

## Policy Statement

*Mental health is 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 (World Health Organisation).*

At Rectory Farm Primary School, we aim to promote positive mental health and emotional wellbeing for our whole school community, including pupils, staff, parents and carers. We pursue this aim using both universal whole school approaches, as well as specialised, targeted approaches aimed at vulnerable pupils.

Positive emotional wellbeing includes the ability for children and young people to:

- Feel confident in themselves
- Be able to express a range of emotions appropriately
- Be able to make and maintain positive relationships with others
- Cope with the stresses of everyday life and be able to deal with change
- Learn and achieve

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

We recognise that children's mental health is a crucial factor in their overall wellbeing, as well as their learning and social/emotional achievement. In 2018, 1 in 8 children aged 5 to 19 were identified as having a mental health condition (NHS Digital, 2018). The Department of Education (DfE) recognises that "in order to help their children succeed, schools have a role to play in supporting them to be resilient and mentally healthy".

Our role in school is to ensure that children are able to manage times of change and stress, supported in reaching their potential and access help when they might need it. We also have a role in reducing the stigma surrounding mental health issues across the whole school community. Our aim is to help develop the protective factors which build resilience and to be a school where we:

- Develop an ethos and environment that supports learning and promotes the wellbeing of all.
- Promote resilience in students

- Ensure pupils feel safe and supported
- Develop a sense of belonging, encouraging participation of all within the school community
- Encourage pupil relationships and the opportunity to talk about concerns with school staff.

## Scope

This policy 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 medical policy in cases where a pupil's mental health and wellbeing overlaps with or is linked to a medical issue, and the Inclusion policy where a pupil has an identified special educational need.

*The policy aims to:*

- Increase understanding and awareness of mental health issues so as to facilitate early intervention
- Promote positive mental health and 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.
- Provide support to staff working with young people with mental health and wellbeing issues, their peers and parents/ carers.

This policy has been authorised by the Governors, addressed to all members of Staff, available to parents on request and published on the school website. This policy can be made available in large print and other accessible formats if requires.

## Background

One in eight young people aged 5 to 19 will have an identifiable mental health issues at any one time (NHS Digital, 2018) and around 75% of mental health conditions develop in adolescence.

*Identifiable mental health issues*

It is important for staff to be alert to the signs and symptoms of a child from a mental health condition. This could include various conditions such as:

- o Anxiety disorders
- o Depression
- o Eating disorders
- o Psychosis

- o Self-harm
- o Suicidal thoughts

## **Lead Members of Staff**

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

**Sarah Heslop** - Designated Safeguarding Lead

**Jordan Baxter / Carly Wye / Carlie Johnson / Vicky Kingham and Tamasine Smith** - First Aiders

**Sam Llewellyn** – Family Support Worker

**Sarah Heslop** - CPD Lead

**Hannah Paterson** - Head of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Child Protection Office staff 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.

Where a referral to CAMHS is appropriate, this will be led and managed by Sam Llewellyn, Family Support Worker. Guidance on making an appropriate and effective CAMHS referral can be found in Appendix II.

## **Individual Care Plans/ Emotional Wellbeing Support Plan**

It is helpful to draw up an individual care plan for pupils causing concern or who receives a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This action plan is a starting point for the child to think about how they can look after their emotional wellbeing with additional support. This could include:

- Details of a pupil's condition/ diagnosis/ situation
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play and specific staff

An example Emotional Wellbeing Support Plan can be found in Appendix III

## **Confidentiality and information sharing**

Students may choose to disclose information regarding their wellbeing, or that of a peer, to a member of school staff. Students should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at risk of causing themselves harm, then confidentiality cannot be kept.

## **Teaching about Mental Health and Wellbeing**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort but there will always be an emphasis on enabling pupils 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 about mental health and emotional wellbeing in a safe and sensitive manner, which helps rather than harms.

## **Signposting**

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community, who it is aimed at and how to access this support.

We will display relevant sources of support in communal areas and will regularly highlight this to pupils within relevant parts of the curriculum or through wider school events. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

## **Sources of Support within School**

School based support - list the full range of support available in school. For each include:

- Nurture class for individuals identified as requiring support for SEMH
- Pastoral support through interventions
- Lunch club for vulnerable children, run by a member of the pastoral team
- PSHE lessons as weekly opportunities to discuss important areas of SEMH
- Wellbeing Warriors in each class proactively promote wellbeing strategies with every child.

- Staff have access to a range of mental health and wellbeing support through discussion with the headteacher Sarah Heslop
- Access to support for children is determined by the class teachers and liaising with the pastoral team.

For example, this could include information about pastoral staff, specific groups or interventions, learning support and/or school counsellors.

## **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 Becca Williams our Mental Health Lead or a member of the safeguarding team.

### **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
- 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

## **Managing Disclosures**

A pupil may choose to disclose concerns about themselves or a friend to any member of staff regarding their emotional wellbeing, therefore 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-judgmental. Staff should listen, rather than advise and our first thoughts should be of the

pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix [insert appendix number/title].

All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the Mental Health Lead, [insert name] who will store the record appropriately and offer support and advice about next steps.

If appropriate the Mental Health Lead may make a rereferral to Child and Adolescent Mental Health Services (CAMHS).

## **Confidentiality**

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

- 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 pupil 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. Particularly if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health Lead [insert name], this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should be informed if there are concerns about their mental health and wellbeing and pupils may choose to tell their parents themselves. We should always give pupils 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 a member of staff who is a DSL must be informed immediately.

## Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

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

We should always highlight further sources of information and give them leaflets to take away where possible, as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should 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. Finish each meeting with agreed next step and always keep abrief record of the meeting on the child's confidential record.

*For example, Young Minds parent support helpline and website have detailed information online regarding a range of mental health conditions.*

## Working with All 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 get about this, if they have concerns about their own child or a friend of their child
- Make the mental health policy easily accessible to parents
- Share ideas about how parents can support positive emotional wellbeing in their children through EHA meetings, parents evening, on Twitter and through parent teacher meetings.
- 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



## Supporting Peers

When a pupil is living with mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. 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. Support will be provided either in one to one or group settings and will be guided by conversations by the pupil 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 might need help (e.g. signs of relapse)

Additionally, we will want to highlight to 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

## 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 in order to enable them to keep pupils safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.

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.

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.

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

A number of staff have completed Mental Health First Aid training in order to be equipped to recognise signs of mental health issues in pupils and provide early support and guidance.

Laura Boswell

Sam Llewellyn

## **Policy Review**

This policy will be reviewed every 3 years as a minimum. It is next due for review in September **2021**.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to [insert name] our mental health lead via phone [insert phone number] or email [insert email address]. This policy will always be immediately updated to reflect personnel changes.

## **Appendices**

### **Appendix I. Further information and sources of support about common mental health issue**

#### ***Self-harm***

Self-harm describes any behavior where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

#### ***Depression***

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behavior and ability and motivation to engage in day-to-day activities.

#### **Anxiety, panic attacks and phobias**

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

#### **Suicidal feelings**

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

#### **Eating problems**

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviors that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviors around food including

refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

## Appendix II. - 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.

### 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.'*<sup>11</sup>

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 say 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.'*<sup>11</sup>

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.'*<sup>11</sup>

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 to themselves they have a problem, 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.

### **Appendix III. - What makes a good CAMHS referral?**

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps.

Before making the referral, have a clear outcome in mind. What do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis, for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

#### **General considerations**

- Have you met with the parent(s) or carer(s) and the referred child or children?
- Has the referral to CMHS been discussed with a parent or carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or carer pupil's attitudes to the referral?

#### **Basic information**

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil/ family?
- Will an interpreter be needed?
- Are there other agencies involved?

#### **Reason for referral**

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?



- Your understanding of the problem or issues involved.

**Further helpful information**

- Who else is living at home and details of separated parents if appropriate
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals? • Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the educational psychologist?

## Appendix 1111. - Template Emotional Wellbeing Support Plan

<b>Emotional Wellbeing Support Plan</b>	
<p>When a pupil has been identified as having cause for concern, has received a mental health diagnosis, or is receiving support either through Child and Adolescent Mental Health Services (CAMHS) or another organisation, it is recommended that a support plan should be created. The development of the plan should involve the pupil, parents/ carers, school staff and relevant professionals.</p>	
<b>Pupil Name:</b>	<b>Reviewer:</b>
<b>Date:</b>	
<b>Details of pupil's mental health or wellbeing concerns/ diagnosis:</b>	
Medication and any side effects (if aware):	
Who is to be informed within the school:	
Key triggers and challenges:	

Special requirements and precautions:

Interventions in place within school:

What to do and who to contact in an emergency:

Key staff providing support:

Cross reference with other information relevant to student:

Referred to CAMHS? Yes/ No

Receiving treatment? Yes/ No

Arrangements for implementation:

**Parental involvement and arrangements for monitoring and review:**

**Further Considerations for Support**

Questions to consider discussing with the child, young person and parents/ carers

**What keeps you happy at school?**

- What does a good day at school look like for you?
- What helps you to do your best?

Some examples might include; spending time with friends, keeping active, spending time doing the activity you enjoy

**How might your worries or emotional wellbeing affect your school day?**

- What different things can cause you to feel overwhelmed, worried, upset or frustrated?

Some examples may include: not getting enough sleep, things going on at home, changes etc.

- How do you know when your emotions or feelings make a difference to your school day?

Examples might include; not being able to concentrate, falling out with friends, worrying about lots of things, feeling impatient/ angry

**Are there any early signs that we might notice if you are feeling emotionally unhappy?**

- For example; being quiet, easily annoyed, fidgeting, losing concentration

**How can we help when you are feeling this way?**

- Examples might include; having time out to talk, speaking to you away from other pupils, asking about your likes and dislikes, having a calm box, being able to be active

**If we noticed that you are starting to feel difficult emotions or feelings, what should we do or how can we help?**

- How would you want someone to tell you that they are worried about you?
- How would you like to let staff know that you need help?

**What will happen to you and what will happen at school if you do not get the help talked about within this plan?**

Some examples might include; finding work difficult, not coming to school, becoming disruptive in class

- How will you and other people remember to follow this action plan?

