



Newbold Church of England Primary School

At Newbold we aim to support each other to live, learn and excel together as a Christian community.

"Therefore encourage one another and build each other up," 1 Thessalonians 5:11

Mental Health and Emotional Wellbeing Policy

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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 Organization)

Introduction

This policy has been developed from the fundamental understanding that God is compassionate, merciful and gracious and forgives us of all our trespasses and that through the life and death of his son Jesus we know how to respond to and show respect to others. We love (and forgive) because he first loved (and forgave) us. As a Christian school we understand that God is there to strengthen, support and help us and that in turn we should care and support others. Consequently, at Newbold Church of England Primary School, we are committed to supporting the emotional health and wellbeing of our pupils and staff to enable them to flourish. We have a supportive and caring ethos, and our approach is respectful and kind, where each individual and contribution is valued.

At our school we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

The Governors of Newbold Church of England Primary School support this view and accept that they have a key role in influencing the ethos, atmosphere and philosophy of the school. They also are aware of their role to support the Headteacher, staff and pupils of the school.

At our school, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health

This policy was written in consultation with staff, pupils, parents and professionals involved in mental health and wellbeing.

At our school we:

- help children to understand their emotions and feelings better
- help children and staff feel comfortable sharing any concerns or worries
- help children socially to form and maintain relationships.



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- promote self-esteem and ensure children and staff know that they count.
- encourage children to be confident and 'dare to be different'
- help children to develop emotional resilience and to manage setback

We promote a mentally healthy environment through:

- Promoting our school Christian vision and values and encouraging a sense of belonging and togetherness.
- Promoting pupil voice and opportunities to participate in decision-making
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- Providing opportunities for spirituality and times to reflect.
- Access to appropriate support that meets their needs
- Making it 'ok to talk' and actively listen.
- Providing opportunities such as the lunch time and after school clubs to enable pupils to become fitter, healthier and happier.
- Our Happy Lunchtime Programme.

We pursue our aims through:

- Universal, whole school approaches
- Support for pupils and staff going through recent difficulties including bereavement, family breakdown and illness
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- Two Mental health leads in school
- Specialised, targeted approaches aimed at pupils with more complex or long-term difficulties including attachment disorder.

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

This policy should also be read in conjunction with policies for Behaviour and Anti-bullying, PSHE, SMSC, Staff Conduct, Parent Conduct and Complaints. It should also sit alongside child protection procedures.

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers

Lead Members of Staff

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



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- Sherryll Hitchman- Head Teacher, Designated Safeguarding Lead (DSL)
- Fiona Greening- Deputy Designated Safeguarding Lead, (DDSL) Designated Teacher for Looked after Pupils.
- Emma Issitt- Mental Health and Emotional Wellbeing Lead
- Angela McLeod. Mental Health and Emotional Wellbeing Lead

Any member of staff who is concerned about the mental health or wellbeing of a pupil or member of staff should speak to the mental health lead in the first instance. If there is a fear that a pupil is in danger of immediate harm then the normal child protection/ safeguarding procedures should be followed with an immediate referral to the designated safeguarding lead 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 the SENCO or Head Teacher.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- 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

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves 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 we're teaching 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 also use the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

Targeted support

The school will offer support through targeted approaches for individual pupils or groups of pupils which may include:

- Circle time approaches or 'circle of friends' activities.
- Targeted use of SEAL resources.
- Managing feelings resources e.g. 'worry boxes' and activities from our Mental Health and emotional wellbeing resource packs
- Strategies to support pupils with attachment, trauma and bereavement issues eg regulation activities and PACE (Playfulness, acceptance, curiosity, empathy)
- Pastoral support groups.
- Therapeutic activities including art, Lego and relaxation techniques.



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The school will make use of resources to assess and track wellbeing as appropriate including:

- Strengths and Difficulties questionnaire
- The Boxall Profile
- Emotional literacy scales

Signposting

We will ensure that staff, pupils and parents are aware of what support is available within our school and how to access further support.

Identifying needs and Warning Signs

Staff will complete a mental health and emotional well-being concern form at any time should they have a concern about a pupil. In doing so they will take account of a range of possible warning signs and difficulties including:

- Attendance
- Punctuality
- Relationships
- Approach to learning
- Physical indicators
- Negative behaviour patterns
- Family circumstances
- Recent bereavement
- Health indicators

The Concern form will be given to the Head Teacher, DSL or SENCO.

In addition, staff will also consider the well-being needs of all their pupils at the termly case study review meetings, considering the warning signs and difficulties identified above and those in appendix 1. Where appropriate, a mental health and emotional wellbeing concern form will be completed.

School staff may also become aware of warning signs which indicate a pupil or colleague 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 Head Teacher, DSL or SENCO as appropriate.

Possible warning signs include:

- Changes in eating / sleeping habits
- Physical signs of harm that are repeated or appear non-accidental
- Becoming socially withdrawn
- Changes in activity and mood
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Lowering of academic achievement
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly



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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 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?'

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 and/ or SENCO, who will provide store the record appropriately and offer support and advice about next steps.

Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a child 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 always pass on information for pupils in school who are in danger of harm.

It is always advisable to share disclosures with a colleague, usually the mental health lead, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child, 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 must always be informed (except in the case of a child protection issue – see paragraph below).

If a child gives reason to believe that there may be underlying child protection issues, staff must inform the Designated Safeguarding Lead immediately and the DSL will then make the decision whether to inform parents or not, depending on the circumstances and level of risk to the child in doing so.

Working with Parents

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 should be accepting of this (within reason) and give the parent time to reflect. We should always highlight further



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sources of information or leaflets 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 a brief record of the meeting on the child's confidential record.

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 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.

Working with other agencies and partners

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing including:

- The school nurses
- Educational psychology services
- Behaviour support through Oakfield pupil referral unit
- Paediatricians
- CAMHS (child and adolescent mental health service)
- Counselling services
- Family support workers
- Therapists
- Adoption support Service/ Virtual School

Supporting Peers

When a student is suffering from 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



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- Additionally, we will want to highlight with peers:
Healthy ways of coping with the difficult emotions they may be feeling

Training

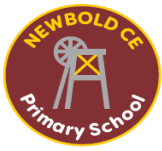
As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.

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 due to developing situations with one or more pupils.

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 head Teacher who can also highlight sources of relevant training and support for individuals as needed.

This policy will be reviewed every 2 years as a minimum. It is next due for review in November 2026.



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Appendix 1:

Signs and symptoms of common mental ill-health conditions

Depression

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite — weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
- Feeling worthless or guilty
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide

Anxiety

- Palpitations, pounding heart or rapid heart rate
- Sweating
- Trembling or shaking
- Feeling of shortness of breath or smothering sensations
- Chest pain
- Feeling dizzy, light-headed or faint
- Feeling of choking
- Numbness or tingling
- Chills or hot flashes
- Nausea or abdominal pains

Obsessive-compulsive disorders

- Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions:
- Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them some spend many hours washing themselves or cleaning their surroundings. Some people spend many hours washing themselves or cleaning their surroundings.
- Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times.
- They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done.
- Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people develop checking rituals. Some people repeatedly retrace driving routes to be sure they haven't hit anyone.
- Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion.
- Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.



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Eating Disorders

Anorexia Nervosa:

People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation:

- Menstrual periods cease
- Hair/nails become brittle
- Skin dries and can take on a yellowish cast
- Internal body temperature falls, causing person to feel cold all the time
- Depression and lethargy
- Issues with self-image /body dysmorphia

Bulimia Nervosa:

Patients binge eat frequently, and then purge by throwing up or using a laxative.

- Chronically inflamed and sore throat
- Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy,
- Tooth enamel wears off; teeth begin to decay from exposure to stomach acids
- Constant vomiting causes gastroesophageal reflux disorder
- Severe dehydration from purging of fluids

Self-Harm

- Scars
- Fresh cuts, scratches, bruises or other wounds
- Excessive rubbing of an area to create a burn
- Keeping sharp objects on hand
- Wearing long sleeves or long trousers, even in hot weather
- Difficulties in interpersonal relationships
- Persistent questions about personal identity, such as "Who am I?" "What am I doing here?"
- Behavioural and emotional instability, impulsivity and unpredictability
- Statements of helplessness, hopelessness or worthlessness
- Head banging
- Ingesting toxic substances.

Key Points to Remember:

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals.
- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people.