Mental Health
and
Wellbeing Policy

Approved by:	Governing Body	Date:
Last reviewed on:	September 2022	
Next review due by:	September 2024	

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 his or her community.

(World Health Organisation)

At Hugglescote Community Primary School (HCPS), we aim to promote positive mental health for every member of our community including pupils and adults. We peruse this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. 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 pupils affected both directly and indirectly by mental ill health. As detailed in the Mental Health and Behaviour documentation dated November 2018 from the DfE, school staff cannot act as mental health experts and should not try to diagnose problems. However, within this policy we will outline our systems and processes regarding mental health and well-being.

For more guidance and information about our commitment, strategy, policy and procedures staff should read this policy in conjunction with the staff well-being policy.

This policy was written with regard to:

The Equality Act 2010

The Data Protection Act 2018

Articles 3 and 23 of the UN Convention on the Rights of the Child

2. Scope

This policy describes HCPS's approach to promoting positive mental health and well-being. 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 where a pupil's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational needs and other school policies like the behaviour policy, anti-bullying policy and Relationship and Sex policy along with the DfE Keeping Children Safe in Education documentation.

3. Policy development

This policy has been developed in consultation with staff, pupils and parents. The consultation and policy development process involved the following steps:

1.   Review – a member of staff or working group pulled together all relevant information including relevant national and local guidance

2.   Staff consultation – all school staff were given the opportunity to look at the policy and make recommendations

3.   Parent/stakeholder consultation – parents and any interested parties were invited to attend a meeting about the policy

4. Pupil consultation – we investigated what exactly pupils want from their mental health and wellbeing policy

5. Ratification – once amendments were made, the policy was shared with governors and ratified

4. Aims

This policy aims to:

➢ Promote positive mental health and wellbeing across the whole school

➢ Create a culture of wellbeing and inclusion

➢ Foster a positive atmosphere in school, where pupils feel able to discuss and reflect on their own experiences with mental health openly

➢ Celebrate all of the ways pupils achieve at our school, both inside and outside the classroom

➢ Allow pupils to participate in forming our approach to mental health by promoting pupil voice

➢ Give pupils the opportunity to develop their self-esteem by taking responsibility for themselves and others

➢ Spread awareness of the varieties of ways mental health issues can manifest

➢ Support staff to identify and respond to early warning signs of mental health issues

➢ Provide support to staff working with pupils with mental health issues

➢ Provide support and access to resources to pupils experiencing mental ill health alongside their peers, their families and the staff who work with them

5. Roles and responsibilities

All staff are responsible for promoting positive mental health and wellbeing across the 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 designated safeguarding lead (DSL) and mental health lead.

Certain members of staff have extra duties to lead on mental health and wellbeing in school. These members of staff include:

➢ Paul Driver- Headteacher as lead DSL.

➢ Nicky Walker – Deputy Headteacher, DSL, Adult and Child Mental Health First Aider, school leader of Mental Health and Well-being, CPD

➢ Richard Ward- MLD Unit Manager, member of the school working party on mental health and well-being.

➢ Louise Galdes- Family Support Worker, Child Mental Health First Aider, member of the school working party on mental health and well-being, pastoral support

➢ Vicky Senior - Child Mental Health First Aider, member of the school working party on mental health and well-being, ELSA (Emotional Literacy Support Assistant).

➢ Donna Kirby – SENCO

➢ Fatemah Panju – CPD, Adult Mental Health First Aider

➢ Rachel Wharrad- Chair of Governors, Adult Mental Health First Aider, member of the school working party on mental health and well-being.

Any member of staff who is concerned about the mental health and well-being of a pupil should speak to the mental health lead in the first instance also recording their concerns on the CPOMs system. 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 DSLs including the Head-teacher. If the pupil presents with a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and emergency services if necessary.

6. Supporting Pupils

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 Personal, Social and Health Education (PSHE) and Science curriculums. The specific content of lessons will be determined by the specific needs of the cohort we are 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. As a school we may hold focussed sessions like supporting Children's Mental Health week.

We will follow the PSHE Association, Anna Freud , Young Minds and Place2Be guidance to ensure that we teach mental health and well-being issues in a sensitive and safe manner which helps rather than harms.

7. Signposting

We will ensure that staff, pupils and parents/carers are aware of sources of support within school and in the local community.

What support is available within school and our local community, who it's aimed at and how to access it is outlined in Appendix 2.

We will display relevant sources of support in communal areas such as staff rooms and toilets and will regularly highlight sources of support to pupils within the areas of the curriculum.

Whenever we highlight sources of support, we will ensure that staff, pupils and parents/carers as appropriate understand:

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

8. Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional well-being issues. These signs should always be taken seriously and staff observing these warning signs should communicate their concerns by using our CPOMs system alerting the Mental Health and well-being leader as well as the headteacher. If the concern in regarding another member of staff, then staff should report their concern to the Mental Health lead and the headteacher promptly.

- ➢ Possible warning signs include:
- ➢ Changes in mood or energy level

- ➢ Changes in eating or sleeping patterns
- ➢ Changes in attitude in lessons or academic attainment
- ➢ Changes in level of personal hygiene
- ➢ Social isolation
- ➢ Poor attendance or punctuality
- ➢ Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- ➢ Abuse of drugs or alcohol
- ➢ Weight loss or gain
- ➢ Secretive behaviour
- ➢ Covering parts of the body that they wouldn't have previously
- ➢ Refusing to participate in P.E. or being secretive when changing clothes
- ➢ Physical pain or nausea with no obvious cause
- ➢ Physical injuries that appear to be self-inflicted
- ➢ Talking or joking about self-harm or suicide

See appendix 1 for: Signs and symptoms of common mental ill-health conditions.

9. Disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff. If a pupil discloses concerns about their own mental health or that of a friend, then 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 pupil's emotional and physical safety rather than exploring 'why?'

Staff will always follow the school's safeguarding policy and pass on all concerns to the DSLs. All disclosures need to be recorded on the CPOMs system promptly. This record needs to include:

- ➢ The full name of the member of staff who is making the record
- ➢ The full name of the pupil(s) involved
- ➢ The date, time and location of the disclosure
- ➢ The context in which the disclosure was made
- ➢ Any questions asked or support offered by the member of staff

As with safeguarding concerns the member of staff has the responsibility to pass all concerns on quickly. Staff also need to check that their concerns have been seen and acted upon.

10. Confidentiality

Staff need to be honest regarding confidentiality. As with any safeguarding concern staff should not promise to keep a secret. All staff have a duty of care and should be honest and tell the pupil that they will need to tell the Mental Health lead/ DSLs. Staff should not openly talk to other members of staff about the disclosure.

Staff should not promise a pupil that they will keep a disclosure secret, instead they will be upfront about the limits of confidentiality.

A disclosure cannot be kept secret because:

> Being the sole person responsible for a pupil's mental health could have a negative impact on the member of staff's own mental health and wellbeing

> The support put in place for the pupil will be dependent on the member of staff being at school

> Other staff members can share ideas on how to best support the pupil in question

Staff should always share disclosures with at least one appropriate colleague. This will usually be the DSL and Mental Health Lead. If information needs to be shared with other members of staff or external professionals, it will be done on a need-to-know basis.

Before sharing information disclosed by a pupil with a third party, the member of staff will discuss it with the pupil and explain:

> Who they will share the information with

> What information they will share

> Why they need to share that information

Staff will attempt to receive consent from the pupil to share their information, but the safety of the pupil comes first.

Parents will be informed unless there is a child protection concern. In this case the safeguarding policy will be followed.

11. Supporting pupils

11.1 Baseline support for all pupils

As part of the school's commitment to promoting positive mental health and wellbeing for all pupils, the school offers support to all pupils by:

> Raising awareness of mental health during assemblies, tutor time, PSHE and mental health awareness week

> Signposting pupils to sources of support through displays, school website

> Having open discussions about mental health during lessons

> Having roles within school to allow for pupil voice where pupils can voice unhappiness and worries etc

> Monitoring pupils' mental health and wellbeing through assessments e.g. a strengths and difficulties questionnaire.

> Appointing a senior mental health lead with a strategic oversight of our whole school approach to mental health and wellbeing

> Offering pastoral support

> Making classrooms a safe space to discuss mental health and wellbeing through interventions such as:
   - worry boxes
   - PSHE times
   - regular reference to Zones of Regulation

11.2 Assessing what further support is needed

If a pupil is identified as having a mental health need, the Mental Health and Wellbeing lead will take a graduated and case-by-case approach to making an assessment and providing tailored support, further to the provision of the baseline support as detailed in section 10.1. The school will offer support in cycles of:

> Assessing what the pupil's mental health needs are

> Creating a plan to provide support

> Taking the actions set out in the plan

> Reviewing the effectiveness of the support offered

11.3 Internal mental health interventions

Where appropriate, a pupil will be offered support that is tailored to their needs as part of the graduated approach detailed above. The support offered at our school includes:

> Nurture groups including ELSA support

> 1:1 pastoral support

> ELSA

> Reduced timetables

> Draw and Talk therapy

11.4 Individual healthcare plans (IHPs)

A pupil will be offered an individual healthcare plan (IHP) if their Mental Health and Wellbeing is a significant risk to themselves.

IHPs are written in collaboration with the pupil (if appropriate), their parent/carer, and any other relevant professionals.

The pupil's IHP will contain the following details:

> The mental health issue (and its triggers, signs, symptoms and treatments)

> The pupil's needs resulting from the condition

> Specific support for the pupil's educational, social and emotional needs

> The level of support needed

> Who will provide the support

> Who in the school needs to be aware of the child's condition

> What to do in an emergency

11.5 Making external referrals

If a pupil's needs cannot be met by the internal offer the school provides, the school will make, or encourage parents to make, a referral for external support.

A pupil could be referred to:

> GP or paediatrician

> CAMHS

> Mental health charities (e.g. Samaritans, Mind, Young Minds, Kooth)
> Local counselling services

12. Supporting and collaborating with parents and carers

We will work with parents and carers to support pupils' mental health by:

> Asking parents/carers to inform us of any mental health needs their child is experiencing, so we can offer the right support

> Informing parents/carers of mental health concerns that we have about their child

> Engaging with parents/carers to understand their mental health and wellbeing issues, as well as that of their child, and support them accordingly to make sure there is holistic support for them and their child

> Highlighting sources of information and support about mental health and wellbeing on our school website, including the mental health and wellbeing policy

> Liaising with parents/carers to discuss strategies that can help promote positive mental health in their child

> Providing guidance to parents/carers on navigating and accessing relevant local mental health services or other sources of support (e.g. parent forums)

> Keeping parents/carers informed about the mental health topics their child is learning about in PSHE, and share ideas for extending and exploring this learning at home

When informing parents about any mental health concerns we have about their child, we will endeavour to do this face to face.

These meetings can be difficult, so the school will ensure that parents are given time to reflect on what has been discussed, and that lines of communication are kept open at the end of the meeting.

A record of what was discussed, and action plans agreed upon in the meeting will be recorded and added to the pupil's confidential record.

If appropriate, an individual healthcare plan (IHP) will be created in collaboration with parents/carers (see section 10.4).

13. Supporting peers

Watching a friend experience poor mental health can be extremely challenging for pupils. Pupils may also be at risk of learning and developing unhealthy coping mechanisms from each other.

We will offer support to all pupils impacted by mental health directly and indirectly. We will review the support offered on a case-by-case basis. Support might include:

> Strategies they can use to support their friends

> Things they should avoid doing/saying

> Warning signs to look out for

> Signposting to sources of external support

14. Signposting

Sources of support will be displayed around the school and linked to on the school website, so pupils and parents are aware of how they can get help.

The Mental Health and Wellbeing lead will be available to provide further information to pupils and parents/carers if they want to learn more about what support is available.

15. Whole school approach to promoting mental health awareness

15.1 Mental health is taught in PSHE

We will follow the PSHE Association Guidance teaching mental health and emotional wellbeing.

Pupils will be taught to:

> Develop healthy coping strategies

> Challenge misconceptions around mental health

> Understand their own emotional state

> Keep themselves safe

For more information, see our PSHE curriculum.

15.2 Creating a positive atmosphere around mental health

Staff will create an open culture around mental health by:

> Discussing mental health with pupils in order to break down stigma

> Encouraging pupils to disclose when they think their mental health is deteriorating

16. Training

All staff will be offered training so they:

> Have a good understanding of what pupils' mental health needs are

> Know how to recognise warning signs of mental ill health

> Know a clear process to follow if they identify a pupil in need of help

17. Support for staff

We recognise that supporting a pupil experiencing poor mental health can be distressing for staff. To combat this we will:

➢ Treat mental health concerns seriously
➢ Offer staff supervision sessions
➢ Support staff experiencing poor mental health themselves
➢ Create a pleasant and supportive work environment

18. Monitoring arrangements

This policy will be reviewed by the Senior Mental Health lead every two years. At every review, the policy will be approved by the governing body.

Appendix 1: Signs and Symptoms of common mental ill-health conditions

Anxiety	Depression
It's quite natural for children to worry and to be anxious at various stages of school and home life. Most children will learn how to manage their thoughts, feelings and emotions, but some may need extra support. Anxiety can become a problem when: ➢ there isn't a clear reason for it ➢ it disrupts a young person's life at home or school on a regular basis ➢ the problem has gone but the feeling of fear or panic hasn't ➢ it interferes with their ability to take part in activities ➢ they struggle to complete tasks that other children do easily ➢ their fear or worry seems out of proportion to the problem ➢ they become anxious or fearful more easily, or more often, or more intensely than other children ➢ it leads to unhelpful and unrealistic thoughts about themselves and others **Spotting the signs** A child with an anxiety disorder may display physical and emotional symptoms including: ➢ headaches and stomach aches or just feeling unwell ➢ dizziness/faintness/palpitations/ breathlessness /sweating ➢ not sleeping ➢ not eating properly ➢ being clingy/feeling panicky/tearful ➢ seeming to be worried or anxious and needing lots of reassurance ➢ feeling down or depressed ➢ having difficulty concentrating ➢ wanting things to be perfect and getting frustrated if they're not ➢ lashing out at others ➢ hyper-alertness and difficulty keeping still	Feeling sad is a normal reaction; everyone feels low or down at times and children (just like adults) can be upset by many things: an incident or a break-up/argument with a friend, a disagreement at home, or just not doing as well at school as they expected. But if the feeling is more than just sad or it persists for a longer time, then everyday sadness or low mood may move into something more serious such as depression – where children may see themselves and the future in a negative way, or they no longer feel or seem themselves. A small number of children experiencing low mood or depression will feel that life is no longer worth living. These feelings will usually have built up incrementally over time or in reaction to specific events. Many things can prompt suicidal feelings and thoughts. These can include children who: ➢ are living with mental illness ➢ are experiencing abuse ➢ are being bullied and being a bully (with a personal history of victimisation) ➢ are experiencing complex grief ➢ have very low self-worth ➢ live with complex family issues (such as parental disputes, neglect, hostile and chaotic home environment **Spotting the signs** Symptoms can include: ➢ being moody and irritable ➢ not being interested in things they used to enjoy ➢ not wanting to go to school or go out ➢ often feeling tired or exhausted ➢ becoming withdrawn and isolating self from others ➢ feeling unhappy and miserable or becoming tearful ➢ sleep problems or sleeping a lot ➢ changes in appetite ➢ being self-critical ➢ feeling hopeless and/or worthless

Self-Harm	Eating Disorders

Self-Harm

Self-harm is when a child intentionally damages or hurts their body. It can become addictive because of the natural pain-relieving endorphins that are released when people hurt themselves, which can give a temporary sense of relief.

Each child's relationship with self-harm is complex and different. It often happens during times of anger, distress, fear, anxiety, loss or depression.

It can also be a coping strategy for:
➢ dealing with difficult situations
➢ changing emotional pain into physical pain
➢ communicating distress about something in a non-verbal way
➢ attempts to relieve feelings of numbness, anger or aggression

Self-harming and risky behaviours can also be a way for a child to punish themselves for feelings or behaviour that they think are their fault or because they have a very negative self-image.

Spotting the signs

Self-harm can include:
➢ self-cutting
➢ burning
➢ scratching
➢ biting
➢ hair pulling
➢ head banging
➢ risky behaviour

Risky behaviour can sometimes be a form of self-harm, although it is often misinterpreted or overlooked. All children will take risks and learning how to manage them is an important part of development. But when risk-taking is persistent, extreme, age inappropriate, or compromises a child's safety and wellbeing, it can be a way of communicating distress, or highlighting that a child is struggling.

Risky behaviour can take many forms including:
➢ persistently challenging behaviour
➢ online risky behaviour
➢ eating disorders
➢ taking other risks that compromise physical safety or excessive sensation seeking

Eating Disorders

Many children go through phases of refusing to eat, being 'faddy or fussy' eaters, or having other eating problems. This is often quite a normal part of growing up, but when should you worry and how can you support children with more serious eating issues? Eating disorders are serious mental illnesses. Sometimes, when self-worth is low or things feel emotionally out of control children focus on something they can control and change, such as a dislike of their body; managing it through controlled eating or bingeing. Eating disorders are rare among key stage 1 school children, but they can start to emerge as an issue between the ages of nine and twelve, and often when children transition to secondary school.

Although some associations exist between body image and eating disorders, there is no clear cause and effect. Eating disorders are complex and multifaceted and are often prompted by a combination of genetic, psychological and environmental risk factors.

Risk factors for eating disorders

These tend to cluster and include:
➢ A poor sense of self
➢ Feeling overwhelmed by difficult emotions and circumstances
➢ Depression
➢ Body image concerns and dissatisfaction
➢ Over exposure to popular or distorted media ideals of body image

Involvement in sports or activities where body image and low weight are important.

Spotting the signs

Some possible signs of an eating disorder include:
➢ Social isolation.
➢ Avoiding eating around others.
➢ Difficulty concentrating.
➢ Low confidence and self-esteem.
➢ Baggy clothes or clothing that is skin tight yet in a small size.
➢ Obsessive and/or rigid behaviour.
➢ Compulsive exercise.
➢ Frequent trips to the toilet.
➢ Perfectionism and setting unreasonably high personal standards.
➢ Self-harm.
➢ Changes to weight – either gaining or losing weight, or experiencing fluctuating weight.
➢ Having a distorted view of themselves as being fat (body dysmorphia).

Obsessive Compulsive Disorder	Key Points
Compulsions are repetitive behaviours of mental acts that a person feels driven to perform in response to an obsession. **Signs and symptoms**: ➢ Cleaning to reduce the fear that germs, dirt or chemicals will 'contaminate' them. ➢ Repeating actions to dispel anxiety e.g. saying a name or phrase repeatedly, switching lights on/off, touching things repeatedly. If these actions aren't done, they fear that harm will come to them. ➢ Checking to reduce fear of harming oneself or others by, for example, checking the door is locked, gas is off etc ➢ Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange items 'just so' or in a symmetrical fashion. ➢ Mental compulsions to response to intrusive obsessive thoughts e.g. silently praying, saying phrases to reduce anxiety.	➢ Everybody sometimes feels experiences a whole range of emotions. Everyone feels sad, shy, self-conscious and anxious but this does not mean that a child is experiencing mental ill health. ➢ Some children with a recognised special educational need e.g. ADHD, ASD may appear to suffer more with some of the signs and symptoms of ill- mental health e.g. anxiety, compulsive behaviour. This does not necessary mean they have ill-mental health. ➢ Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnosis needs to be made by an appropriately qualified clinician who uses a full range of internationally agreed criteria. Education professionals cannot diagnose. ➢ It is counterproductive for non – clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents/ carers and children.

Appendix 2: Where to get help

N.B. All parents/ carers who have a concern regarding their own or their child's mental health and well-being should talk to their GP and consult the school nurse. This appendix contains a list of several local and national places to seek guidance, information and help.

<u>Mental Health including Self-Harm:</u>

Leicestershire helpline: 08088003302

Samaritans   116 123   www.samaritans.org

CAMHS 0116 2952992   www.leicspart.nhs.uk

Rethink   0300 5000928   www.rethink.org

Young Minds 08088025544 www.youngminds.org.uk

Childline 0800 1111   www.childline.org.uk

CALM Campaign Against Living Miserably is a line for men 0800585858 www.thecalmzone.net

The Mix   08088084994   www.themix.org.uk

Beat- eating disorders adult 08088010677 youth 08088010711   www.beatingeatingdisorders.org.uk

Frank 0800776600 www.talktofrank.com

B-Eat Youth Helpline 08456347650   www.b-eat.co.uk

Kidscape www.kidscape.org.uk

Charlie Waller Memorial Trust 01635869754   www.cwmt.org.uk and parents leaflet: https://www.cwmt.org.uk/parents-leaflet

Kooth – safe and anonymous online support for young people www.kooth.com

Leicestershire Action for Mental Health (LAMP) 0116255682   www.lampadvocacy.co.uk

Health for Kids Leicestershire: www.healthforkids.co.uk/leicestershire

NHS Health for Teens   www.healthforteens.co.uk

Heads Together   www.headstogether.org.uk

Turning Point   08088003302   www.turning-point.co.uk

Minded for Families https://mindedforfamilies.org.uk

Papyrus 08000684141 or 07786209687   www.papyrus-uk.org

Anna Freud Centre www.annafreud.org

The Royal College of Psychiatrists www.rcpsych.ac.uk

<u>Bereavement:</u>

Child bereavement UK   080002888840   www.childbereavemntuk.org

The Laura Centre   01162544340   www.thelauracentre.org.uk

Winston's Wish   01242515157   www.winstonwish.org

Cruse Bereavement Care   08088081677   www.cruse.uk

<u>Counselling and mediation:</u>

Relate 01162543011   www.relateleicestershire.org.uk

Cruse bereavement- as above

The Haven 01530560921   www.thehavenshby.org.uk

The Laura Centre- as above

Signed:

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Rachel Wharrad   Paul Driver
Chair of Governors   **Headteacher**