

Cleeve Prior C of E Primary School



Mental health and wellbeing policy

Updated: September 2020

Review: September 2023

Named mental health lead: Rachel Wilks

Named Governor with lead on mental health: Jonathon Marshall

Why mental health and wellbeing is important

At Cleeve Prior C of E Primary School, we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs during their school career and some face significant life events. In 2017, about 1 in 10 children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on quality of life, relationships and academic achievement. In many cases it is life-limiting.

The Department for 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".

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children's wellbeing and can help engender a sense of belonging and community.

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and to be a school where:

- All children are valued
- Children have a sense of belonging and feel safe
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma
- Positive mental health is promoted and valued
- Bullying is not tolerated

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

Definition of 'mental health' & 'mental health difficulties'

We use the World Health Organisation's definition of mental health and wellbeing as "a state of well-being in which every individual realizes 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"

Mental health and wellbeing are not just the absence of mental health problems. We want all children/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
- manage times of stress and be able to deal with change

- learn and achieve

For the purposes of this policy, the term “mental health difficulties” refers to:

- Long term mental illnesses or psychiatric conditions - which may be classified as a disability under the Equality Act
- Emerging mental health problems, which may develop into conditions, which require on-going support or intervention
- Temporary debilitating mental health conditions or reactions, which impact on a student’s ability to fulfil their academic potential

There are a range of conditions which come under the umbrella term “mental health difficulties,” including anxiety, depression, eating disorders, bipolar mood disorder, schizophrenia (psychotic episodes), self-harm, obsessive compulsive disorder, and many more, as diagnosed by a relevant medical practitioner. As a school we understand that some mental health difficulties are temporary due to exceptional circumstances, while others reflect emerging longer-term mental health illness.

Aims and purpose of the policy

Poor mental health undermines educational attainment. School aims to offer important opportunities to prevent mental health problems by promoting resilience; providing pupils with inner resources that they can draw on as a buffer when negative or stressful things happen, helps them to thrive even in the face of significant challenges. Having a sense of belonging to a school is a recognised protective factor for mental health. School aims to be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems. Therefore, in conjunction with our ethos and the ‘Preventative System’ we will aim to actively promote mental well-being through specific scheduled activities and the school’s cultural norms.

This policy sets out:

- How we promote positive mental health
- How we prevent mental health problems
- How we identify and support children with mental health needs
- How we train and support all staff to understand mental health issues and spot early warning signs to help prevent or address mental health problems
- Key information about some common mental health problems
- Where parents, staff and children can get further advice and support

How the policy was developed and who was consulted

The development of this policy was led by our SENCo and stakeholders.

In developing this policy, we have taken account of:

- Children and Young People’s Mental Health: State of the Nation 2016
- Education, Education, Education, Mental Health 2016 (secondary)
- Promoting children and young people’s emotional health and wellbeing, Public Health England 2015
- Preparing to teach about mental health, PSHE Association 2015
- Mental Health and Behaviour in Schools, DfE 2014
- Supporting children with medical conditions, DfE 2014

Links to other policies

This policy links to our policies on Safeguarding, Anti-Bullying, SEND and Inclusion. Links with the School’s Behaviour Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

A whole school approach to promoting positive mental health

We take a whole school approach to promoting positive mental health that aims to help children become more resilient, happy and successful and to prevent problems before they arise.

This encompasses seven aspects:

- Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands
- Helping children to develop social relationships, support each other and seek help when they need it
- Helping children to be resilient learners
- Teaching children social and emotional skills and an awareness of mental health
- Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services
- Effectively working with parents and carers
- Supporting and training staff to develop their skills and their own resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

Staff roles and responsibilities, including those with specific responsibility

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

All staff understand about possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy (*see appendix 1 on risk and protective factors*).

Our SENCo:

- Leads and works with other staff to coordinate whole school activities to promote positive mental health and wellbeing
- Leads on PSHE teaching about mental health in collaboration with PSHE subject lead.
- Provides advice and support to staff and organises training and updates
- Is the first point of contact with mental health services and makes individual referrals to them

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

Sources of relevant support include:

- Our Safeguarding/Child Protection Lead
- School support staff employed to manage mental health needs of particular children
- Our SENCo who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including children whose mental health problems mean they need special educational provision.

- Our School Nurse
- Reach4Wellbeing service

Supporting children's positive mental health

We believe the school has a key role in promoting children positive mental health and helping to prevent mental health problems. Our School has developed a range of strategies and approaches including:

- **Pupil-led activities**

Assemblies to raise awareness of mental health.

Peer mediation and Peer mentoring – children working together to solve problems and planned sessions where identified adults mentor a designated child

Opportunities to collate pupil voice- interviews, feedbacks, forums, pupil councils.

- **Transition programmes**

Transition Programme to Middle Schools which identifies Year 5 children which may require additional support when transitioning to Middle school. The same process for pupils which transfer in Year 6.

Transition visits for identified pupils in Pre-school & Nurseries entering Reception

- **Class activities**

Class dojos a mechanism where children can be praised for demonstrating our school values.

Worry boxes/ Animals - a similar mechanism where children can anonymously share worries or concerns in class

Mental health teaching programmes e.g. based on cognitive behavioural therapy

Circle times

Weekly circle times to help children learn personal, social and emotional, communication and problem-solving skills.

Weekly Mindfulness sessions practised in class

Learning outside the classroom and Forest school activities.

- **Whole school**

Culture of positivity and climate which celebrates the values of our school.

Celebration assemblies

Value Assembly

Education Welfare Officer

Early Intervention Family Support Worker

Staff wellbeing audits

Children's mental health booklet

- **Small group activities**

Nurture groups

TalkAbout – a small group intervention to improve children's communication skills around turn taking, dealing with issues, resolving conflict.

Time to Talk- a small group intervention to improve children's communication skills around turn taking, dealing with issues, resolving conflict

Reach4Wellbeing- Young Explorers Programme.

Lego Club- a small group intervention to promote social skills and communication.

Mentor Link- a support worker providing 1:1 help and guidance to identified individuals.

Teaching about mental health and emotional wellbeing

Through PSHE we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

Identifying, referring and supporting children with mental health needs

Our approach:

- Provide a safe environment to enable children to express themselves and be listened to
- Ensure the welfare and safety of children are paramount
- Identify appropriate support for children based on their needs
- Involve parents and carers when their child needs support
- Involve children in the care and support they have
- Monitor, review and evaluate the support with children and keep parents and carers updated

Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- SDQ (Social Difficulty Questionnaires) SPENCE anxiety scale, Leuven Scale, PSHCE Assessments
- Analysing behaviour, exclusions, visits to the school nurse, attendance and sanctions
- Using Leuven scales to identify children in EYFS who need support
- Staff report concerns about individual children to the relevant lead persons
- Pupil Progress Review meetings half termly
- Regular meetings for staff to raise concerns
- Parental information on entry to the school
- Gathering information from a previous school at transfer
- Parental meetings in EYFS
- Enabling children to raise concerns to any member of staff
- Enabling parents and carers to raise concerns to any member of staff

All staff at Cleeve Prior CE School have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the SENCo.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn
- Changes in activity or mood or eating/sleeping habits
- Falling academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- An increase in lateness or absenteeism
- Not wanting to do PE or get changed for PE
- Wearing long sleeves in hot weather
- Drugs or alcohol misuse
- Physical signs of harm that are repeated or appear non-accidental
- Repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm, then the school's child protection procedures are followed. If there is a medical emergency, then the school's procedures for medical emergencies are followed.

Disclosures by children and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgemental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our children is paramount and staff listen rather than advise. Staff make it clear to children that the concern will be shared with the SENCo or the Safeguarding Lead and recorded, in order to provide appropriate support to the pupil.

All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

Assessment, Interventions and Support

All concerns are reported to the SENCo and recorded. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

Need The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children	Evidence-based Intervention and Support -the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children <i>For example,</i>	Monitoring
Highest need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies Other External agency support Other interventions e.g. Reach4Wellbeing If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report.	All children needing targeted individualised support will have an Individual Care Plan drawn up setting out the needs of the children; how the pupil will be supported; actions to provide that support; any special requirements. Children and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact. The Care Plan is overseen by the SENCo.
Some need	Access to family support worker, school nurse, educational psychologist, 1:1 intervention, small group intervention and wellbeing programmes.	

Low need	General support E.g. School Nurse drop in, class teacher/TA
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Children are informed that the SENCo is available when a pupil is dissatisfied with the level of care and support.

Support for friends

We recognise that when a pupil is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected. In the case of eating disorders and self-harm, it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case-by-case basis what support might be appropriate including one to one and group support.

We will involve the pupil who is suffering and their parents and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing/saying which may inadvertently cause upset and warning signs that their friend needs help. We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

Support for children after inpatient treatment

We recognise that some children will need on-going support and the SENCo will meet with children on a regular basis. We are careful not to “label” children with diagnoses without prior and sensitive consultation with family/carers and other relevant professionals.

We have a duty of care to support children and will seek advice from medical staff and mental health professionals on the best way to support children. We will carry out a risk assessment and produce an Individual Care Plan to support children to re-integrate successfully back to school.

When a child leaves an inpatient provision and is transitioning back to school, we discuss what needs to happen so the transition will be smooth and positive.

Working with specialist services

In some case a pupil’s mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders. We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the child’s Individual Care Plan. School referrals to a specialist service will be made by the SENCo following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the pupil and parent/carer and when it is the most appropriate support for the pupil’s specific needs.

Main Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
Educational Psychologist	Accessed through the SENCo

SEND and mental health

Persistent mental health problems may lead to children having significantly greater difficulty in learning than the majority of those of the same age. In some cases, the child may benefit from being identified as having a special educational need (SEN).

Involving parents and carers

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting children who do have mental health needs.

Supporting parents and carers with children with mental health needs

We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also aim to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available.

When a concern has been raised, the school will:

- Contact parents and carers and meet with them (*In almost all cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified.*)
- Offer information to take away and places to seek further information
- Be available for follow up calls
- Make a record of the meeting
- Agree a mental health IPM with clear next steps
- Discuss how the parents and carers can support their child
- Keep parents and carers up to date and fully informed of decisions about the support and interventions provided

Parents and carers will always be informed if their child is at risk of danger and children may choose to tell their parents and carers themselves. We give children the option of informing their parents and carers about their mental health needs for themselves or of accompanying and supporting them to do so.

We make every effort to support parents and carers to access services where appropriate. Our primary concern is the children, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

Involving children

We seek pupil's views about our approach, curriculum and in promoting whole school mental health activities.

We always seek feedback from children who have had support to help improve that support and the services they received.

Supporting staff and training staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing.

Monitoring and Evaluation

The mental health and wellbeing policy is on the school website and hard copies are available to parents and carers from the school office. All mental health professionals are given a copy before they begin working with the school as well as external agencies involved in our mental health work.

The policy is monitored at an annual review meeting led by the SENCo and involves staff with a responsibility for PSHE, including specialist services supporting the school and governors.

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Appendices

Appendix 1

Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)

	Risk Factors	Protective Factors
In the Child	<ul style="list-style-type: none"> Genetic influences Specific development delay Communication difficulties Physical illness Academic failure Low self-esteem SEND 	<ul style="list-style-type: none"> Being female (in younger children) Secure attachment experience Outgoing temperament as an infant Good communication skills, sociability Being a planner and having a belief in control Humour Problem solving skills and a positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect
In the Family	<ul style="list-style-type: none"> Overt parental conflict including domestic violence Family breakdown (including where children are taken into care or adopted) Inconsistent or unclear discipline Hostile and rejecting relationships Failure to adapt to a child's changing needs Physical, sexual, emotional abuse or neglect Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss – including loss of friendship 	<ul style="list-style-type: none"> At least one good parent-child relationship (or one supportive adult) Affection Clear, consistent discipline Support for education Supportive long-term relationship or the absence of severe discord
In the school	<ul style="list-style-type: none"> Bullying Discrimination Breakdown in or lack of positive friendships Negative peer influences Peer pressure 	<ul style="list-style-type: none"> Clear policies on behaviour and bullying 'Open door' policy for children to raise problems A whole-school approach to promoting good mental health
In the classroom	<ul style="list-style-type: none"> Poor pupil to teacher relationships 	<ul style="list-style-type: none"> Positive classroom management A sense of belonging Positive peer influences
In the community	<ul style="list-style-type: none"> Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Other significant life events 	<ul style="list-style-type: none"> Wider supportive network Good housing High standard of living High morale school with positive policies for behaviour, attitudes and anti-bullying Opportunities for valued social roles Range of sport/leisure activities

Appendix 2

Specific mental health needs most commonly seen in school-aged children

For information see Appendix C Main Types of Mental Health Needs Mental Health and Behaviour in School DfE March 2016. Updated 12th November 18

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf

Appendix C includes definitions, signs and symptoms and suggested interventions for:

- Anxiety (including panic attacks, phobias and Obsessive-Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self-Harm

Appendix 3

Where to get information and support

For support on specific mental health needs

- Anxiety UK www.anxietyuk.org.uk
- OCD UK www.ocduk.org
- Depression Alliance www.depressoinalliance.org
- Eating Disorders www.b-eat.co.uk and www.inourhands.com
- National Self-Harm Network www.nshn.co.uk www.selfharm.co.uk
- Suicidal thoughts [Prevention of young suicide UK – POPYRUS: www.papyrus-uk.org](http://www.papyrus-uk.org)

For general information and support

- www.youngminds.org.uk champions young people's mental health and wellbeing
- www.mind.org.uk advice and support on mental health problems
- www.minded.org.uk (e-learning)
- www.time-to-change.org.uk tackles the stigma of mental health
- www.rethink.org challenges attitudes towards mental health
- MindEd, a free online training tool to enable school staff to learn more about specific health problems
- Kooth - an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop. <https://kooth.com/>
- Childline (confidential counselling) Helpline 0800 1111
- Young Minds Parents' Helpline 0808 802 5544
- Youth2youth; For people under 19 years, confidential and anonymous telephone support run by young volunteers. www.youth2youth.co.uk Email and online chat via website Mon & Thurs, 6.30-9.30pm. Telephone: 020 8896 3675
- Youthnet (www.thesite.org) Guides and supports youngsters to make informed choices, participate in society and achieve ambitions. www.youthnet.org Telephone: 020 7250 570
- National Institute for Health and Care Excellence (NICE)
- BEAT (help with eating disorders) Helpline 0345 634 1414 Youthline 0345 634 7650