



Effective teaching and a creative, child centred curriculum, together with an emphasis on Christian values and beliefs, enables all children to recognise and achieve high standards; enriching their moral and spiritual development in a happy, safe and nurturing environment.

South Bersted CE Primary Mental Health & Wellbeing Policy

Web and/or Internal	Web & Internal
This policy should be reviewed every	Every three years
Policy approved by Governors	Autumn 2019
Date of Review	Autumn 2022
Member of staff responsible	DHT
Policy created by	Diocese Model Policy, personalised
Signed by Chair of Governors and/or Headteacher	

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 Organization)

In our school our Christian vision shapes all we do: we are committed to *enriching children’s moral and spiritual development in a happy, safe and nurturing environment* and good mental health and wellbeing is the cornerstone to meeting this vision. 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.

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”. Our school

vision is committed to providing a nurturing and safe environment that can develop self-esteem and give positive experiences for overcoming adversity and building resilience.

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. According to NHS data, 12.8 per cent of children aged 5 to 19 had a child mental health disorder in 2017. For 2 to 4 year-old children 5.5% were identified as having at least one mental disorder, rising to 16.9% of 17 to 19 year-olds. 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.

Development of Policy

The development of this policy was led by our Senior Leadership Team and developed in line with the updated PSHE curriculum which was introduced in school in Autumn 2019. The development of both was completed in consultation with children, staff, parents and carers, drawing on outside agencies to inform practice. The policy has followed the advice of the PSHE Association - Teacher guidance: teaching about mental health and emotional wellbeing

Consultation Included:

- School Council giving their views on learning about keeping safe both physically and mentally as part of the PSHE consultation
- Parent and Carer consultation meeting - this was completed as part of the new PSHE consultation and not as an explicit consultation
- Staff input through PSHE consultation
- School Governors

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.

Links to other policy:

This policy links to our policies on:

- Safeguarding,
- Medical,
- Anti-Bullying,
- SEND
- 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.
- PSHE Policy

The policy aims to:

- Promote positive mental health and wellbeing in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of poor mental health and wellbeing
- Provide support to staff working with young people with mental health and wellbeing issues
- Provide support to pupils 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 pupils. Staff with a specific, relevant remit include:

Judith Greatorex - Designated Child Protection / Safeguarding Officer

Judith Greatorex - Mental Health and Emotional Wellbeing Lead

Laura Osbourne - Lead First Aider

Judith Greatorex - Pastoral Lead

Noel Goodwin - CPD Lead

Rachel Spink - 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 Judith Greatorex Mental Health Lead.

Curriculum

Our curriculum aims to promote good mental health.

Values in Action:

Our Christian values which are underpinned by our school vision promote resilience, perseverance, koinonia. Through worship and whole school ethos we aim to give children a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. Through school visitors we aim to give children positive role models to refer to in times of difficulty.

PSHE curriculum:

The newly developed PSHE curriculum promotes active engagement in learning, rather than passively receiving information and is taught under the following headings:

- Health and Wellbeing,
- Relationships,
- Living in the Wider World.

These areas of learning aim to

- Give children the knowledge and understanding needed to safeguard themselves,
- Provide them with knowledge, understanding and strategies to keep themselves healthy and safe,
- Equip them to support others who are facing challenges.

Our PSHE education equips pupils to adopt healthy behaviours and strategies, and to seek appropriate and timely support when they or a friend need it – rather than explicitly teaching about mental ill-health. Protective factors (including good communication, problem-solving, healthy coping skills, resilience and the ability to name, describe and understand a range of emotions) can reduce the risk of pupils turning to unhealthy coping mechanisms. See PSHE curriculum overview for more information.

Philosophy for Children

Our Philosophy for Children (P4C) curriculum gives children the opportunity to discuss social and global issues with their peers. This develops their understanding of these issues as well as ensuring they have a voice and opinions that are heard and valued. If there is a mental health/wellbeing concern or a safeguarding disclosure in these situations staff are to follow the normal safeguarding practices.

Staff Care

We are aware that during PSHE and P4C concerns and issues may be raised that can be challenging for teachers. Our school follows guidance from the PSHE Association to teach about mental health and emotional wellbeing safely and sensitively. Teachers are supported by colleagues, and should always work on the assumption that in any lesson, at least one pupil may be affected by the issues being addressed. With this in mind, we work on the principle of ‘first do no harm’.

Supporting Mental Health – Whole School Approach

Away from discreet areas of learning, good mental health and wellbeing is promoted throughout school in a range of ways:

- Peer Mediators: ensuring active play at break and lunchtimes
- Campaigns and assemblies to raise tolerance and perseverance
- Peer mentoring – children working together – older children are identified to support younger children in a range of ways

- Transition Programme to secondary schools – when specific children are identified as having identified needs a transition programme is individualised alongside the secondary school
- Worry boxes - children can anonymously share worries or concerns in class
- Psychotherapy for specific pupils
- Nurture groups – KS1 and KS2 lead by the InCo or our school ELSA (Emotional Literacy Support Assistant)
- Identification of Trusted Adults
- Whole school ‘Speak Out, Stay Safe’ display board
- Anti-Bullying Weeks and a child friendly policy

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 Judith Greatorex our Mental Health and Emotional Wellbeing Lead.

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

Early Identification

Our school’s systems and processes aim to identify children with mental health needs as early as possible. We do this in different ways including:

- Analysing behaviour, exclusions, visits to the medical room/school nurse, attendance and sanctions.
- Staff report concerns about individual children to the relevant lead persons.
- Worry boxes in each class for children to raise concerns which are checked by the Class Teachers and referred on to SLT if deemed appropriate.
- Pupil Progress Review meetings half termly .
- Regular meetings for staff to raise concerns.

- Open door policy to parents - enabling parents and carers to raise concerns to any member of staff.
- Nursery visits in EYFS.
- Enabling children to raise concerns to any member of staff.

Support when a need is identified

Individual Care Plans

If a child and family is not already open to an Early Help Plan, school will draw up an individual care plan for pupils causing concern or a pupil who receives 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

Outside agency support

We would seek advice from and refer to relevant agencies with regards to mental health and wellbeing concerns. These include:

- School Nurse
- CAHMs
- YES
- Early Help
- MASH

Parental Engagement

Parental awareness and support is key in supporting mental health and wellbeing needs. As a school we will:

- Contact parents and carers and meet with them
- 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 Individual Care Plan including clear next steps.
- Discuss how the parents and carers can support their child.
- Keep parents and carers up-to-date

Supporting Peers

When a pupil 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
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Signposting

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

We will display relevant sources of support in communal areas and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. 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 to access it
- What is likely to happen next

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil'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, Judith Greatorex 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 we 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 and Emotional Wellbeing Lead Judith Greatorex 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.

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.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more 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 Noel Goodwin, our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 3 years as a minimum.