



Holywell Church of England Primary School

Mental Health and Emotional Wellbeing Policy

Approved by:

FGB

Date: October 22

Last reviewed on:

Next review due by:

October 24

POLICY STATEMENT

The Department for Education recognises that, in order to help pupils succeed, schools have an important role to play in supporting children to be resilient and mentally healthy.

It is widely recognised that a child's emotional health and wellbeing influences cognitive development and learning, as well as their physical health and mental wellbeing into adulthood.

"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 2014)

At our school, we aim to promote positive mental health and emotional wellbeing for every child, parent / carer and staff member. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at identified vulnerable pupils and families.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average UK classroom, three children will be suffering from a diagnosable mental health issue; this may be in addition to emotional or behavioural difficulties.

This policy describes the school's approach to promoting positive mental health and emotional wellbeing and it is intended as guidance for all staff including non-teaching staff and governors.

It should be read in conjunction with our medical policy, should a student's mental health overlap or be linked to a medical issue; the SEND policy, where a student may have an identified special educational need and the Safeguarding policy, in relation to prompt action and wider concerns of vulnerability.

OUR APPROACH

Our approach to mental health and emotional wellbeing is directly linked to the eight key principles to promote emotional health and wellbeing in schools and colleges as outlined in the Public Health England Document: *'Promoting Children and Young People's Emotional Health and Wellbeing; A Whole School and College Approach'*.

See [Figure 1](#) Below.

The eight identified principles will underpin the approaches used to support the development and integration of wellbeing strategies within Holywell C of E Primary School.



Figure 1: Eight principles to promoting a whole school and college approach to emotional health and wellbeing.

The policy and curriculum delivery will be tailored to promote the key aspects of improving mental health and emotional wellbeing. It will focus on creating a social, emotional and physically rich environment, where key relationships can thrive and children can feel secure in their learning.

School based programmes which are linked to the curriculum, will promote 'the pupil voice' by fostering their independence, promoting 'good choice making' and actively encouraging our pupils to recognise feelings, whilst learning to express them appropriately.

Staff will have access to training and signposting to approaches and resources that will support their own emotional health and wellbeing with an aim to foster team work and create solidarity.

Clear identification, impact and outcomes measures will feed into school based programmes and the target interventions that will be offered to pupils.

All staff has a responsibility to promote the mental health and emotional wellbeing of pupils. Staff with a specific, relevant responsibility includes:

- Mr Baddeley, Mrs Mullee - Designated Safeguarding Officers
- Mrs Oliver SENCO / Mental Health Lead
- Mrs Mullee – Emotional wellbeing support Officer

We also receive support from the Emotional Health and Wellbeing Service through their Mental Health Support Teams and from our Early Intervention Family Advisor

PUPIL IDENTIFICATION

Wellbeing measures include:

- Staff observations.
- Any changes in a child's behaviour, attention or presentation.
 - Pupil's self-reporting or referring
 - Any communication from the pupils (and/or parents/carers) regarding their emotions, feelings or wellbeing.

Any member of staff who is concerned about the mental health or wellbeing of a child, should speak to either the Head Teacher, Emotional well-being support Officer or Mental Health Lead in the first instance.

If there is a concern that the child is in danger of immediate harm, then the normal safeguarding procedures should be followed with an immediate referral to the Head Teacher or safeguarding lead staff.

If the child presents with a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the Lead First Aider and contacting the emergency services if necessary.

Where a referral to an outside agency (e.g. Emotional Health and Wellbeing Service, CAMH, Centre 33 or CHUMS) is appropriate, this will be led and managed by SENCO and the Emotional wellbeing support Officer.

Where appropriate Individual Health Care Plans (see Appendix 1) can be used to identify any individual support needs for those pupils causing concern, or who receive a diagnosis pertaining to their mental health.

This would be created as any other Individual Health Care Plan in relation to our school policy and DFE statutory guidance 2015. This could involve links to individual behaviour plans and/or risk assessments.

The plan will include:

- Details of pupil's condition
- Special requirements and precautions
- Medication and any side effects
- Any subsequent contact with professionals needed
- What to do, and who to contact in an emergency
- The role the school can play in relation to staff development/training and implementing support linked to policy and practice.

	Approaches	Intervention
Whole School Approach	Curriculum Approaches	<ul style="list-style-type: none"> - School Values / Ethos supporting emotional wellbeing and mental health. - PSHE Curriculum to support mental health and emotional wellbeing, including more specified group sessions. - Positive behaviour approach. - Contact with Mental Health Support Team – Staff wide training accessed. - Contact with outside agencies (e.g.EHWS, and Educational Psychologists). - All staff trained as appropriate to support individual children, and specific members of staff with additional training. - 'Drop-In' Sessions and 'Worry Box' to allow pupil access to help. - Termly Feel Good Fridays
	Teaching and Learning Approaches	
	Holistic / Multi-Agency Approach Including use of Mental Health Support Teams	
	Staff Training	
Targetted Approach	Sensory Circuits	<ul style="list-style-type: none"> - Daily physical intervention programme for specified individuals which can support SEND and/or wellbeing needs. Aiding with processing approaches and self-regulation strategies. - Following any EHCP which detail support needed for certain pupils. - Individual/personalised learning approaches when recognised as needed (SEND involvement). - 1:1 sessions run weekly by Emotional wellbeing support Officer with identified pupils to provide space to talk and work on challenges they may be facing. - 1:1 sessions run on an 'one off' or temporary basis for pupils experiencing a certain situation at that time (e.g. bereavement, seperation or transitions). - Lego-therapy sessions with a group of children to target social and communication skills. - Identified support linked to Pupil Premium where needed. - Targetted group sessions run by Mental Health Lead or Emotional wellbeing support Officer surrounding mental health/wellbeing. (e.g. Transitions, Friendships)
	Mental Health / Emotional Wellbeing Interventions	

Referral to outside agencies	Individual approach	<ul style="list-style-type: none"> - Consultations with NHS Mental health support team - Referral to parent led anxiety workshops - Referral to CAMH via YOUnited. - Referral to other outside support eg play therapists, charities.
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PUPIL WELLBEING INTERVENTIONS In line with our approaches outlined above, we have a tiered system which provides a consistent approach on how emotional well-being and mental health issues will be addressed.

Tier 1 – Whole-School Approach to allow the promotion of positive emotional well-being and mental health throughout the school.

Tier 2 – If a particular pupil is identified as potentially benefitting from extra support, they will be referred to the Emotional wellbeing support Officer or Mental Health Lead. Their class teacher, the Head Teacher and SENCo will also be made aware. Any pupil identified (with parental consent) will receive tailored sessions delivered by the Emotional wellbeing support Officer or Mental Health Lead, who is trained through various agencies to run these sessions. These sessions would be to achieve a raise in emotional wellbeing and support in mental health.

Some changes may be needed within the classroom to accompany the work delivered in these sessions. Staff will be informed appropriately of this.

Tier 3 – Should further support be needed, the Pastoral and Mental Health Lead will make appropriate referrals to outside agencies as they deem necessary. Further support can then be offered in addition to that provided in school.

Key within all our approaches at Holywell C of E Primary School is pupil voice and the input of their families as to how we can best support them.

STAFF IDENTIFICATION

It is recognised at Holywell C of E Primary School, that promoting staff health and emotional well-being should be an integral part of the whole school approach to mental health and wellbeing. Therefore training and sharing materials in regard to mental health and emotional wellbeing will be made available for all staff.

Should staff need to discuss any concerns, they can contact senior leadership and we have a fully committed, supportive governing body.

Supervision and appraisal will allow for mutual communication about personal health and emotional wellbeing if both felt it is deemed necessary.

PROCEDURE FOR SAFEGUARDING CONCERN IN RELATION TO MENTAL HEALTH AND EMOTIONAL WELLBEING

If a pupil choose to disclose any concerns about their own mental health, safety, or wellbeing, or that of a friend, a members of staff's response should always be calm, supportive, and non-judgemental.

Staff should listen, rather than offer advice. Our first priority should be of the pupil's emotional and physical safety rather than exploring 'Why?' and other questions.

All disclosures should be recorded in writing and passed on to the Head Teacher in order to decide the next course of action.

The record must include:

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

Later adding the agreed next steps and actions.

CONFIDENTIALITY

We should always be honest with children and their families in regard to confidentiality, especially if this compromises a child's safety or wellbeing. If we think it is necessary for us to pass our concerns about a pupil on, then we should discuss with the child:

- Who we are going to talk to.
- Why we need to tell them.

WORKING WITH PARENTS AND CARERS

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 and behaviours on our school website.
- Ensure all parents are aware of who they can talk to, and how to get the support they need if they have concerns about a child.
- Make our Mental Health and Emotional Wellbeing Policy accessible to parents.
- Share ideas about how parents can support positive mental health and emotional wellbeing in their children.
- Keep parents informed about what the children are learning about in PSHE.

STAFF TRAINING AND CPD

All staff will have a basic understanding about recognising and responding appropriately to mental health issues in order to enable them to keep children safe.

The **MindEd** www.minded.org.uk learning portal provides free online training suitable for staff wishing to know more about a specific issue.

This might include: attachment separation and loss, managing challenging behaviour, social and communication difficulties, attentional difficulties, anxiety, stress and phobias, habit disorders, eating disorders, depression and low mood.

Training opportunities for staff that 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.

This policy will always be immediately updated to reflect personnel changes and legislation.



APPENDIX 1

Healthcare Plan

Name of School Holywell C of E Primary School

Child's name _____

Class _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Date form completed _____

Review date The start of next academic year
(unless a change in condition notified by Parent/Guardian mid year)

CONTACT INFORMATION

Family contact 1		Family contact 2	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

GP contact		Hospital/Clinic	
Name of Doctor		Name of hospital/Clinic	
Name of Surgery		Name of Professional/Consultant	
Phone number		Phone number	

Healthcare Plan (pg2)

Describe medical needs/condition :
Give details of child's symptoms:
Medication required:
Daily care requirements at school:
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Any cultural and religious views regarding medical care – Y/N. If yes please give details:
Form copied to:

Parent Name and Signature:

Head Teacher Name and Signature:

Any Medical Professional Present Name and Signature:

APPENDIX 2

FURTHER INFORMATION FOR STAFF/PARENTS/CARERS.

Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, there is some information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because they are useful for school staff too.

Support on all of these issues can be accessed via **Young Minds** - www.youngminds.org.uk , **Mind** - www.mind.org.uk, and (for e-learning opportunities) **Minded** - www.minded.org.uk.

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way.

It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support: - SelfHarm.co.uk: www.selfharm.co.uk

- National Self-Harm Network: www.nshn.co.uk

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme.

Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day

life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support: - Depression Alliance:

www.depressionalliance.org/information/what-depression

Anxiety, panic attacks and phobias

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

Online support: - Anxiety UK: www.anxietyuk.org.uk

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings.

For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support: - OCD UK: www.ocduk.org/ocd

Suicidal feelings

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

Online support: - Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

- On the edge: Child Line spotlight report on suicide:

www.nspcc.org.uk/preventingabuse/researchand-resources/on-the-edge-childline-spotlight/

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support: - Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

- Eating Difficulties in Younger Children and when to worry:
www.inourhands.com/eatingdifficultiesin-younger-children