St James's C of E Primary School

Faith Friendship Fulfilment

Mental Health and Emotional Wellbeing Policy

Ratified on: February 2023

Ratified by: Lee Salton-McLaughlin

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Written by: Hannah Scott

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 Organisation).

At St James's C.E. Primary School, we aim to promote positive mental health for every member of staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at students, staff and parents and carers.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

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

The Policy Aims to:

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

Lead member of staff:

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

- L Plant – Designated Safeguarding Lead, Mental Health Lead and key adult for children in care
- N Sefton, S Mason, D Ward and S Brindley – Deputy Safeguarding Leads
- E Jones - Family Liaison Co-ordinator
- H Scott - SENCo
- C Skeldon – Lead First Aider

Any member of staff who is concerned about the mental health or wellbeing of a student 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 safeguarding lead. 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 H Scott – SENCo in conjunction with GP and/ or school nurse.

Individual Support Plans and Risk Assessments.

It is helpful to draw up an individual support plan or risk assessment (for pupils whose behaviour may escalate to aggressive), for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of pupil's condition.
- Special requirements and precautions.
- Strategies that have been discussed with the child and parents/ carers.
- Medication and any side effects.
- What to do, and who to contact in an emergency.
- The role that the school can play in supporting the child and family.

Teaching about mental health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling students to develop skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will follow PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and how to access it is outlined in Appendix D.

We will display relevant sources of support in communal areas such as the school's reception area and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring that 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

Warning signs

School staff may become aware of warning signs which indicate a student or colleague 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 L Plant, the school's mental health and emotional wellbeing lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental.
- Change in eating / sleeping habits/ toileting.
- Increased isolation from friends or family, becoming socially withdrawn.
- Changes in activity or 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 secretively.
- Lateness to or absence from school.
- Repeated physical pain or nausea with no evident cause.
- An increase in lateness or absenteeism.

Managing disclosures

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

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

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?'. For more information about how to handle mental health disclosures sensitively see Appendix E.

All disclosures should be recorded on CPOMS and senior leaders will offer support and advice about next steps. This written record should include:

- Date
- The name of them member of staff to whom the disclosure was made
- Main points form the conversation
- Agreed next steps

Confidentiality

We should be honest with regard to the issue of confidentiality. We should reassure the pupil that they have done the right thing by seeking help but not make any

promises regarding keeping a secret. Pupils must be informed that as professionals, we will have to pass on concerns in order to provide help and support. We should discuss the following with the student:

- 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 student 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 parent for pupils who are in danger of harm.

Disclosures must be shared with the safeguarding lead, L Plant. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Discuss with the mental health lead how it is best to discuss concerns with parents. Pupils may wish to have the discussion with their parents themselves. This should always be given to pupils as the first option unless there are safeguarding/ child protection concerns. In which case, the designated lead for safeguarding must be informed.

Working with parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other member of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the child time to reflect.

We should always highlight further sources of information and give them any literature that we may have available to us. Sharing sources of support and information aimed specifically at parents can be helpful too e.g. parents helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call as parents often have many questions as they process the information. Finish each meeting with agreed next

steps and always keep a brief record of the meeting on the child's confidential records.

Working with All Parents

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website.
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child.
- Make our mental health policy easily accessible to parents on our website and in the school office.
- Share ideas about how parents can support positive mental health in their children through regular information evenings, positive parenting workshops and regular dialogue with the school and other professionals where appropriate.
- Keep parents informed about the mental health topics that their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student 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 needs help (e.g. signs of a 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.

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 them to keep students safe. Further professional development will be provided by Dudley Educational Psychology Service as part of our involvement with the Nurture and Resilience project.

We will host relevant information on our T:Drive for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue. The school's website will be used to share information and contact details with parents under the 'Wellbeing' tab.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

Where the need to do so becomes more 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 S Mason, our CPD coordinator who can also highlight sources of relevant training and support for individuals as needed.

The Charlie Waller Memorial Trust and Anna Freud Association provide funded training to school on a variety of topics related to mental health including twilight, half fay and full day INSET sessions.

Policy review

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

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have any questions or suggestions about improving this policy, this should be addressed to our mental health lead, L Plant.

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

Appendix A: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues (Source: Young Minds)

- 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 every 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 10 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 society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children.

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 and 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

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools : A Guide to Whole School Support and Practical Strategies.* London: Jessica Kingsley Publishers.

Keith Hawton and Karen Rodham (2006) *By Their Own Hand : Deliberate Self-harm and Suicidal Ideas in adolescents.* London: Jessica Kingsley Publishers.

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and young People Who Self-harm.* London: Jessica Kingsley Publishers.

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 down 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

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell You About Depression? : A Guide for Friends, Family and Professionals.* London : Jessica Kingsley Publishers

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

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell You About Anxiety?: A guide for friends, family and professionals.* London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction To Helping Young People Manage Anxiety.* London: Jessica Kingsley Publishers.

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 of the 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

Books

Amita Jassi and Sarah Hull (2013) *can I Tell you about OCD?: A Guide for friends, family and professionals.* London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome and OCD Checklist: A Practical Reference for parents and teachers.* San Francisco: Jossey-Bass

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 form 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/preventing-abuse/research-and-rseources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents.* London : Jessica Kingsley Publishers

Terri A Erbacher, Jonathan B Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention and Postvention.* New York: Routledge

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 disorder charity : www.b-eat.co.uk/about-eating-disorders

Eating disorders in younger children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about eating disorders?: A guide for friends, family and professionals.* London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook.* Teacher's Pocketbooks

Appendix B: guidance and advice documents

Promoting children and young people's emotional health and wellbeing: A whole school approach PHE September 2021

Mental Health and Behaviour in Schools – departmental advice for school staff. Department for Education (2014)

Counselling in schools : a blueprint for the future – departmental advice for school staff and counsellors. Department for Education (2015)

Teacher guidance : preparing to teach about mental health and emotional wellbeing (2015) – PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education – statutory guidance for schools and colleges. Department for Education (2014)

Supporting children at school with medical conditions – statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014).

Healthy child programme from 5 to 19 years old – recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of health (2015).

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing – a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional welding in early years.

NICE guidance on social and emotional welding in primary education.

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Appendix C: data sources

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas.

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing.

Health behaviour of school age children is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

Appendix D: Sources or support at school

School based support – please speak to Mrs L Plant or Mrs E Jones for a full range of support available for students. This may include:

- Nurture Group
- 'Me time'
- Drawing and Talking therapy
- Key worker

Appendix E: Talking to students when they make mental health disclosures.

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

"*She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point*."

If a student has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

"*Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet. I will get there in the end.*"

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening.

"*I think that all teachers got taught on a course somewhere to say ' I understand how that my feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting.*"

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk to

you and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think that are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

"I was worried how she'd react, but my mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise she cared. Between us we thought of some really practical things she could do to help me stop self-harming.'

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and school's policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said, 'that must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit that they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys a positive message of support to the student.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you, and may even expressed a desire to get on top of their illness, that doesn't mean that they'll readily accept help . The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

Never break your promises

"Whatever you say you'll do after you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trusts broken."

Above all else, a student wants to know that they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact that you don't have all the answers or aren't sure exactly what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.