**Mental Health and Emotional Wellbeing Policy**

Western Community Primary School



December 2021

| **Approved by:** | Governing Body | **Date:** 26 January 2022 |
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| **Last reviewed on:** | January 2022 | |
| **Next review due by:** | January 2024 | |

# **Introduction**

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)*

“Schools have an important role to play in supporting the mental health and wellbeing of children by developing whole school approaches tailored to their particular needs, as well as considering the needs of individual pupils.” Mental Health and Behaviour in Schools (DFE, November 2018).

All schools are under a statutory duty to promote the welfare of their pupils and students, which includes preventing impairment of children’s health or development and taking action to enable all children to have the best outcomes ( KCSIE , 2021)

**1.1 Aims**

It is widely recognised that a child’s emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood (Promoting children and young people’s mental health and wellbeing - a whole school approach - Public Health England) At Western Community Primary School, we are committed to supporting the emotional health and wellbeing of our pupils and staff. We have a supportive and caring ethos and our approach is respectful and kind, where each individual and contribution is valued.

At our school we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody’s business and that we all have a role to play.

At our school we:

* help children to understand their emotions and feelings better
* help children feel comfortable sharing any concerns or worries
* help children socially to form and maintain relationships.
* promote self esteem and ensure children know that they count.
* encourage children to be confident and ‘dare to be different’
* help children to develop emotional resilience and to manage setbacks.

We promote a mentally healthy environment through:

* Promoting our school values and encouraging a sense of belonging
* Promoting pupil voice and opportunities to participate in decision-making
* Celebrating academic and non-academic achievements
* Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
* Promoting positive mental health and emotional wellbeing in all staff, children and families
* Providing opportunities to reflect.
* Access to appropriate support that meets their needs
* Increase understanding and awareness of common mental health issues.
* Instilling a culture of staff and children’s welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school
* Implementing a mental health first aid pathway specifically for staff, staff identification in pupils and for families
* Use of the THRIVE approach across all settings

We pursue our aims through:

* Universal, whole school approaches
* Support for pupils going through recent difficulties including bereavement.
* Specialised, targeted approaches aimed at pupils with more complex or long term difficulties including attachment disorder
* Promoting the mental health and wellbeing of children, families and staff by providing a targeted network of support systems with a particular focus on those most significantly affected by the Covid-19 pandemic. **(This is priority 4 on school improvement plan 2021/22)**

**1.2 Consultation**

This policy was written by Vicky Rowson, PSHE lead, in consultation with:

* Anna Fox (Care, Guidance and Support Lead)
* Sarah Dixon (Head of School)
* Amy Common (Inclusion Lead and SENDCO)
* Mhairi Duigan (Acting Deputy Headteacher)

# **2. Procedures and practice**

## ***Teaching about Mental Health***

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. The curriculum at Western is organised in a way that all year groups learn about aspects of mental health and emotional wellbeing as part of their PSHE lessons each year. In addition to this, children will participate in mental health awareness sessions during World Mental Health Day and Children’s Mental Health Week. Each year group has a specific objective to cover during the week but they also cover age-appropriate activities that address the theme of the day or week. We have accessed visitors to deliver workshops during Children’s Mental Health Week and aim to continue this annually. In addition to this, we participate in Anti-Bullying week and raise the profile of the theme throughout school with children, staff and families.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner that encourages conversation and reflection in a positive environment and that helps our children understand the importance of mental health and physical health being intertwined.

***Working with All Parents and carers***

Parents/ Carers 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 or newsletters
* Ensure that all parents are aware of who to talk to, and how to access this support, if they have concerns about their own child or a friend of their child
* Make our mental health policy easily accessible to parents
* Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home, particularly during World Mental Health day and Children’s Mental Health Week
* Signpost parent/carers to local support agencies
* Continue a working partnership with Wallsend Children’s Community
* Continue our partnership with Mental Health First Aid Network
* Ensure participation in a local pilot of Mental Health first aid whereby 3 members of staff are now trained in mental health first aid

* **Ethos and Environment**

Annual transition week for all pupils to experience a week in their new classes. Focus on mental health and emotional wellbeing and building positive relationships.

* Ethos of the importance of positive relationships between staff and pupils and families is reinforced regularly and is expected throughout (staff meetings and briefing regularly remind staff of the influence their relationships with children make)
* Termly newsletters will be sent to families from the CGS Leader outlining agencies and charities who can provide emotional, practical, financial and health support
* Delivery of the RESPECT programme throughout school; additional to PSHE learning.

## ***Targeted Support***

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, experienced bereavement or separation; those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We ensure timely and effective identification of children who would benefit from targeted support and ensure appropriate referral to support services by:

* Identifying children who are showing early signs of anxiety, emotional distress, or behavioural problems (through Thrive assessments);
* Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
* Working with Children’s Services, CAMHS and other agencies services to follow protocols including assessment and referral;
* Discussing options for tackling these problems with the child and their parents/carers.
* Agreeing an Individual Care Plan;
* Providing a range of interventions – this can be group or individual work usually carried out by the Inclusion/CGS team;
* Providing children with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns;
* Providing children with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it.
* Use of THRIVE by fully licensed practitioners (in-house)
* Intervention to develop social skills is planned and delivered in EYFS and KS1 using social games and SEAL intervention materials.

Thrive promotes children’s and young people’s positive mental health by helping adults know how to be and what to do in response to their differing and sometimes distressed behaviour.

A 2018 review of published policies and information - Mental health and wellbeing provision in schools - was commissioned in response to the Green Paper 'Transforming children and young people's mental health provision'. This review included Thrive as an initiative that supports and promotes positive mental health. (DfE 2018).

By February 2022 we will have three licensed Thrive practitioners at Western which will enable us to use Thrive as a whole school approach to mental health and emotional wellbeing.

## ***Working with other agencies and partners***

As part of our targeted provision the school will work with other agencies to support children’s emotional health and wellbeing including:

* Wallsend Children’s Community
* Next Steps counselling service
* The public health school nursing service
* Educational psychology services
* Behaviour support (e.g. Silverdale, Moorbridge)
* Paediatricians/GP Services
* CAMHS (Children and Adolescent Mental Health Service)
* Counselling services - external agencies
* Family support workers, social workers
* Therapists
* North Tyneside HIVE and Virtual School/Newcastle Virtual School (for LAC pupils)

## ***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 such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Through our newsletters and website we will share and display relevant information about local and national support services and events. Whenever we highlight sources of support, we will increase the chance of pupils 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

## **Warning Signs**

Staff may become aware of warning signs which indicate a child 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 alert the designated safeguarding lead (DSL) or a deputy designated safeguarding lead (DDSL).

Possible warning signs, which all staff should be aware of 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
* Refusal to take part in 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***

All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children’s experiences, can impact on their mental health, behaviour, and education. (KCSIE, 2021)

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 documented on CPOMS. This information should be shared with the DSL or Deputy DSLs who can offer support and advice about next steps where necessary.

## ***Confidentiality***

We should be honest with regards to the issue of confidentiality. If 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.

It is always advisable to share disclosures with a colleague – a member of staff in the safeguarding team. 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. Parents must always be informed.

If a child gives us reason to believe that they may be at risk of immediate harm (in line with Children's Act 1989) staff will follow statutory guidance (Children’s act 1989 and working together to safeguard children 2020) and the Designated Safeguarding Lead or Deputy Designated Safeguarding Leads will be informed immediately who will then contact local authority agencies.

## ***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 members 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 are accepting of this (within reason) and give the parent time to reflect.

It may be necessary to highlight further sources of information and signpost parents to where further information can be found. It is possible that parents may find it hard to take much in whilst coming to terms with the news about their child. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We will always provide clear means of contacting the school with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. We aim to finish each meeting with agreed next steps and always keep a brief record of the meeting on the child’s confidential record (CPOMS).

## *Pupil Voice*

## “Involving students in decisions that impact on them can benefit their mental health and wellbeing by helping them to feel part of the school, college and wider community and to have some control over their lives. At an individual level, benefits include helping students to gain belief in their own capabilities, including building their knowledge and skills to make healthy choices and developing their independence. Collectively, students benefit through having opportunities to influence decisions, to express their views and to develop strong social networks.” (Promoting Children’s Mental Health and Wellbeing – Public Health England and DfE)

## We provide opportunities for children to be heard in a variety of ways throughout their learning journey at Western:

## - School council – work towards projects identified by the children or that will be beneficial for the community.

## - Wellbeing ambassadors – identifying ways to improve positive mental and physical health in school and working together to find solutions

## - Values ambassadors – identify children that have been demonstrating values throughout school

## - Children have regular opportunities within class to express their opinion and the ethos at school is that everyone’s voice counts and to value everyone’s ideas

## - Regular opportunities in lessons for children to present their work in an individual way

## ***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 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 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

## ***Staff Mental Health***

We recognise that anyone can experience mental health issues for various reasons which may be out of their control. There may also be work related factors that could contribute to poor mental health such as work life imbalance, work load pressure or poor working conditions. To every extent possible, we aim to recognise and address cases of workplace pressures that contribute to mental health issues.

We:

* Treat staff mental illness seriously
* Proactively support resolution of issues causing concern
* Support staff members who face mental health problems
* Create pleasant workplaces
* Encourage communication
* Display support services around school
* Establish regular staff meetings that focus on wellbeing
* Have established a Working Group to focus on ways to improve work life balance and reduce work load pressure for staff
* Continue to provide external signposting to staff where needed as well as incorporate use of counselling service into the school budget

## ***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 to enable them to keep pupils safe.

Amy Common is our Mental Health Champion – we are part of a Mental Health First Aid Network whereby we regularly attend briefing/ network sessions. We have a qualification in Mental Health First Aid England – First Aider

We have three trained Mental Health First Aiders – Sarah Dixon, Amy Common and Anna Fox. Two additional members of staff have been trained in Youth Mental Health Awareness (Vicky Rowson and Andrew Temperley).

**Policy Review**

**2.2 Roles and responsibilities**

**The PSHE education leader (Vicky Rowson)** is responsible for providing medium-term planning using the creative curriculum framework that incorporates Mental Health and Emotional wellbeing. The PSHE education leader also provides a list of resources that are available and liaises with external agencies to provide delivery of workshops to enhance the teaching of Mental Health and Wellbeing. The PSHE lead is responsible for providing information and activity suggestions for World Mental Health Day and Children’s Mental Health day.

**Mental health lead** (Amy Common) is responsible for ensuring there are pathways of support for children, families and staff. She is responsible and accountable to the board of governors and takes part in network meetings.

# **3. Concluding notes**

**3.1 Monitoring and review**

*The governor with responsibility for PSHE education is primarily responsible for monitoring the implementation of this policy.* This policy will be reviewed every two years as a minimum.

**3.2 Links to other policies**

* SEND
* Behaviour
* Attendance
* PSHCE/Healthy Eating
* Anti-bullying
* Safeguarding and Child Protection
* PE
* Peer on Peer Abuse Policy (addendum to CP policy/Children’s Version)
* SMSC