Mental Health & Wellbeing Policy

May 2019

Review date: May 2021

Named mental health leads: Craig Heeley (Head Teacher), Susan Hinshaw (SENDCO), Karen Wakenshaw (Thrive Lead Practitioner)

Named Governor with lead on mental health: Margaret Shipley (Safeguarding Governor)

1. Why mental health and wellbeing is important

At Lemington Riverside 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.

2. Purpose of the policy

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.

3. Definition of mental health and wellbeing

We use the World Health Organisation's definition of mental health and wellbeing
" 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".

Mental health and wellbeing is 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.

4. How the policy was developed and who was consulted

This policy was developed in line with the latest DfE and NHS guidance.

5. Links to other policies

This policy links to our policies on Safeguarding, Medical Needs, Anti-Bullying, SEND and Equalities. 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.

6. 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. We use the Thrive approach across school to identify and support children who may be showing the early signs of mental health problems.

This encompasses seven aspects:

1. Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands.
2. Helping children to develop social relationships, support each other and seek help when they need it.
3. Helping children to be resilient learners.
4. Teaching children social and emotional skills and an awareness of mental health.
5. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents and carers.
7. 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.

7. 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 PSHCE coordinator:

- Leads and works with other staff to coordinate whole school activities to promote positive mental health and wellbeing.
- Leads on PSHCE teaching about mental health.

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 own Senior Leadership Team
- Our Designated Safeguarding Leads and Family Support Worker, Paula Stones.

- School support staff employed to manage mental health needs of particular children
- Our SENDCO 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
- Visiting educational psychologists.

8. **Supporting children' positive mental heath**

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

- Campaigns and assemblies to raise awareness of mental health.
- Friendship Squad – a lunchtime group supporting younger children at lunchtime.
- Our anti-bullying and friendship teams.

Class activities

- Praise boxes a mechanism where children can be praised for certain duties, tasks or things they have done and have them celebrated in class
- Worry boxes - a similar mehcniasm where children can anonymously share worries or concerns in class
- Mental health teaching programmes e.g. based on cognitive behavioural therapy
- Circle times

Small group activities

- Nurture groups
- Thrive.

Teaching about mental health and emotional wellbeing

Through PSHCE 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.

EYFS & Key Stage 1 children learn:

- To recognise, name and describe feelings including good and not so good feelings.
- Simple strategies for managing feelings.
- How their behaviour affects other people.
- About empathy and understanding other people's feelings.
- To cooperate and problem solve.
- To motivate themselves and persevere.
- How to calm down.
- About change and loss and the associated feelings (including moving home, losing toys, pets or friends).
- Who to go to if they are worried.
- About different types of teasing and bullying, that these are wrong and unacceptable.
- How to resist teasing or bullying, if they experience or witness it, whom to go to and how to get help.

Key Stage 2 children learn:

- What positively and negatively affects their mental and emotional health (including the media).
- Positive and healthy coping strategies.
- About good and not so good feelings.
- To describe the range and intensity of their feelings to others.
- To recognise and respond appropriately to a wide range of feelings in others.
- To recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them.
- About resilience.
- How to motivate themselves and bounce back if they fail at something.
- How to empathise and be supportive of others.
- About change, including transitions (between Key Stages and schools), loss, separation, divorce and bereavement.
- About the consequences of discrimination, teasing, bullying and aggressive behaviours (including online bullying, prejudice-based language), as well as how to respond and ask for help if they are victims of this themselves.
- About the importance of talking to someone and how to get help.

9. 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:

- 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 Mental Health Lead (these are anonymous but give an indication of needs in a particular classes regularly).
- Pupil Progress Review meetings termly
- Regular meetings for staff to raise concerns.
- 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 Lemington Riverside 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 a Designated Safeguarding Lead or the SENDCO.

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 Designated Safeguarding Lead and recorded, in order to provide appropriate support to the pupil.

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

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 ongoing support and the Inclusion Lead for Social, Emotional & Mental Health Needs 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.

10. Working with specialist services to get swift access to the right specialist support and treatment

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 children' Individual Care Plan.

School referrals to a specialist service will be made by the Mental Health Lead or the SENDCO 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 Mental Health Lead or SENDCO

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).

11. Involving parents and carers

Promoting mental health
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.

On first entry to the School, our parent's meeting includes a discussion on the importance of positive mental health for learning. We ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family *(see appendix 1)*. It is very helpful if parents and carers can share information with the School so that we can better support their child from the outset. All information will be treated in confidence.

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.
- 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.

12. Involving children

Our anti-bullying and friendship groups provide peer to peer support for children across the school.

13. Supporting 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.

14. 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 Head Teacher and involves staff with a responsibility for mental health, including specialist services supporting the school and governors.

Appendices

Appendix 1 Protective and Risk factors *(adapted from Mental Health and Behaviour DfE March 2016)*

	Risk Factors	**Protective Factors**
In the Child	• Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND	• 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	• 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	• 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	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure	• Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health

	• Poor pupil to teacher relationships	• Positive classroom management • A sense of belonging • Positive peer influences
In the Community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• 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 Annex C Main Types of Mental Health Needs Mental Health and Behaviour in School DfE March 2016
https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Annex 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 – PAPYRUS: 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