

Mental Health and Emotional Wellbeing Policy



Mental Health and Emotional Wellbeing Policy	The Michael Syddall C of E (Aided) Primary School
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1. Policy Statement

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)

At The Michael Syddall C of E (Aided) Primary School we are committed to promoting positive mental health and emotional wellbeing to all students, their families and members of staff and governors. Our open culture allows pupils' voices to be heard and, through the use of effective policies and procedures, we ensure a safe and supportive environment for all affected – both directly and indirectly – by mental health issues. In our school our Christian vision shapes all we do, our foundations are built upon Christian values which promote a caring, loving and respectful climate for learning and daily school life.

In addition, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

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 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;
- Providing opportunities to reflect;
- Access to appropriate supports that meets their needs.

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.

2. Scope

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

This policy should be read in conjunction our Medical Policy, our SEND policy and with other relevant school policies.

The policy aims to:

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

3. Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of pupils. Staff with a specific, relevant remit include:

Alison McHarg - Designated Child Protection / Safeguarding Lead (DSL)

Neil Saunders – Deputy Designated Child Protection / Safeguarding Lead (DDSL)

Nickie Young - Mental Health and Emotional Wellbeing Lead

Ilka Murrell - Lead First Aider

Alison McHarg - CPD Lead

Neil Saunders - Head of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead and log their concerns using CPOMS. 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 DSL. 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.

4. Teaching about Mental Health and Wellbeing

The skills, knowledge and understanding needed by our students to keep themselves 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're teaching but we will also use the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner. Additionally, we will use such lessons as a vehicle for providing pupils who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting pupils to support any of their friends who are facing challenges.

5. 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, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

Our Pastoral and Wellbeing Mentor is equipped to work at community, family and individual levels. Their skills include providing early intervention to prevent issues escalating.

The school will offer timely and effective support through targeted approaches for individual pupils or groups of pupils which may include:

- Circle time approaches or 'circle of friends' activities;
- Managing feelings resources e.g. 'worry boxes' and 'worry monsters';
- Primary Group Work / mental health and wellbeing groups;
- ELSA support groups;
- Therapeutic activities including art, lego and relaxation and mindfulness techniques.

The school will make use of resources to assess and track wellbeing as appropriate.

6. Individual Care Plans

When a pupil has been identified as having a cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, an Individual Care Plan will be drawn up in conjunction with parents and will include:

- Details of the pupil's situation/condition/diagnosis;
- Special requirements or strategies, and necessary precautions;
- Medication and any side effects;
- Who to contact in an emergency;
- The role of the school and specific staff.

7. Signposting

We will ensure that staff, pupils and parents are aware of what support is available within our school and how to access further support.

The Michael Syddall C of E (Aided) Primary School, Noels Court, Mowbray Road, Catterick Village, North Yorkshire, DL10 7LB

8. Sources of Support at School and in the Local Community.

School based support:

1:1 support is available for children identified as requiring additional support through the whole school wellbeing survey, by referral by a member of staff, or by referral by a parent.

Small group support is available for children identified by the wellbeing survey or staff as requiring additional support, specifically with relationships.

Local Support

North Yorkshire County Council – Early Help provides support when need is identified at any point in a child's life. The purpose of Early Help is to enable families to build on strengths, promote resilience and to sustain positive changes. It includes universal and targeted services that are designed to prevent and reduce problems from escalating. Early Help Referrals must include consent.

Details on how to refer can be found at: www.safeguardingchildren.co.uk/referral-process, Telephone: 01609 780780

Healthy Child Team (HCT) 5-19, Harrogate and District NHS Foundation Trust. A service available to all in school, college, specialist provision or home educated. The healthy child offer includes:

- Adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is in the community including promoting self-support and building resilience using a whole family approach.
- Short term input around low self esteem, emerging anxiety and low mood using evidence based interventions on a 1-2-1 basis
- Assessments around emotional distress including self harm behaviours to establish the level of severity. Self harm assessed as low risk will be supported and higher levels of severity will be signposted to more appropriate services.

Details on how to refer can be found at: www.hdft.nhs.uk/services/childrens-services/5-19-ny, Telephone: 01609 780780

Compass REACH – aged 9 – 19 years (up to 25 with SEND), Compass REACH is a nurse led service that delivers evidence based psychosocial interventions:

- Providing specialist interventions in relation to substance/alcohol misuse
- Providing early help and prevention work in relation to emotional wellbeing and mental health issues such as anxiety low mood and self-harming behaviours

Compass BUZZ – aged 5-18 (up to 25 with SEND) is a free school referral based emotional wellbeing project which supports the whole school workforce to increase skills and confidence through training. Compass BUZZ Wellbeing Workers can co-facilitate one-to-one/ group work sessions with pupils alongside a member of school staff. Compass BUZZ run a messaging service called BUZZ US that young people aged 11-18 can text anonymously.

Compass referrals must include a young person's informed consent. To discuss a referral please contact NYRBS@compass-uk.org Telephone: 01609 777662 Freephone: 0800 008 7452

'BUZZ US' is available 9am–5pm Mon–Thurs, 9am–4.30pm Fridays on 07520 631168. To find out more about Compass BUZZ call 01609 777662.

Specialist Child and Adolescent Mental Health Services (CAMHS) –

CAMHS offer includes:

- Supporting moderate to severe emotional/mental health issues that are significantly affecting daily life despite other interventions
- Specialist CAMHS care pathways include; Emotional pathway, including moderate/ severe depression, anxiety, Post-Traumatic Stress Disorder, obsessive compulsive disorder; moderate/severe self-harm; Eating Disorders, including anorexia/bulimia;, Attention Deficit Hyperactivity Disorder (ADHD); Other complex mental health presentations, including psychosis, personality difficulties; co-morbidity mental health issues including where these occur in Children & Young People (CYP) with neurodevelopmental conditions
- Difficulties that are of high risk/severity (e.g. self-harm; deterioration in self-care; significant family distress, non-school attendance as a result of significant mental health difficulties; severe social withdrawal)
- Evidence of complex neurodevelopmental difficulties e.g. Attention Deficit Hyperactivity Disorder (ADHD) or other that may require a multi-disciplinary assessment (CAMHS are not commissioned to undertake autism assessments)

Children, young people and families can self-refer to CAMHS. For all ROUTINE referrals in Hambleton and Richmondshire please contact CAMHS Single Point of Access on 03000 134778 (Mon–Fri 9am–5pm) for advice and referral form.

If the situation is URGENT then direct call to locality teams (Mon–Fri 9am–4pm) and request to speak with duty worker: Telephone: 01609 718810

Out of hours emergencies – Crisis Service: If the situation is mental health CRISIS in nature then access the CAMHS Crisis team: Telephone: 0300 0132000 (Option 6), 24 hours, 7 days a week.

9. Warning Signs

All children and staff will complete a termly wellbeing survey, the results of which are used to aid identification of children who may benefit from additional, targeted support as described above.

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should alert Nickie Young, Mental Health and Wellbeing Lead and log their concerns using CPOMS.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental;
- Changes in eating / sleeping habits;
- Increased isolation from friends or family, becoming socially withdrawn;
- Changes in activity and mood;
- Lowering of academic achievement;
- Talking or joking about self-harm or suicide;
- Abusing drugs or alcohol;
- Expressing feelings of failure, uselessness or loss of hope;
- Changes in clothing – e.g. long sleeves in warm weather;
- Secretive behaviour;
- Avoiding PE or getting changed secretly;
- Lateness to or absence from school;
- Repeated physical pain or nausea with no evident cause;
- An increase in lateness or absenteeism.

10. Managing Disclosures

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

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

Staff should listen, rather than advise, and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'.

All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

- Date;
- Name of the member of staff to whom the disclosure was made;
- Main points from the conversation;
- Agreed next steps.

This information should be logged using CPOMS and shared with the Mental Health and Wellbeing Lead who will offer support and advice about next steps.

11. 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. Particularly if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead, 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 should be informed if there are concerns about a pupil's mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL, Alison McHarg, must be informed immediately.

12. 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?;
- Who should be present? Consider parents, the pupil, 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 should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and, where possible, give them information to take away as they will often find it hard to take in much whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with an agreed next step and always keep a brief record of the meeting on the child's confidential record.

Supporting Parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing: we will work in partnership with parents and carers to promote emotional wellbeing. 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 get 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;
- Share ideas about how parents can support positive mental health in their children through our regular information evenings;
- 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;
- Ensure parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing.

13. 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 with the pupil who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told;
- How friends can best support;
- Things friends should avoid doing / saying which may inadvertently cause upset;
- Warning signs that their friend needs 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.

14. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.

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

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Alison McHarg, Headteacher, who can also highlight sources of relevant training and support for individuals as needed.

15. Policy Review

This policy will be reviewed every two years as a minimum. The next review date is: **March 2024**

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Nickie Young, our Mental Health Lead.

This policy will always be updated to reflect personnel changes.