



Euxton CE Primary School



## Mental Health and Wellbeing Policy

*'In our Christian family we all SHINE in the light of Jesus'*

### **Policy Statement**

Mental health is a state of wellbeing 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. At our school, we aim to promote positive mental health for all members of our school family. 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, 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 pupils affected both directly and indirectly by mental ill health.

This policy describes the school's approach to promoting positive mental health and wellbeing. It is intended as guidance for all staff and governors and should be read in conjunction with our SEND policy where a student has an identified special educational need.

The Policy Aims to:

- Promote positive mental health in all our school family
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health, either in their own lives or in children
- Provide support to staff working with children with mental health issues
- Provide support to children suffering mental ill health, their peers and family.

### **Lead Members of Staff**

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

- Mairi Ash – Headteacher and DSL
- Emma Obertelli & Helen MacDonald – Back-up DSL
- Teresa Lucas- PSHE Lead
- Kath Smith - Mental Health and Wellbeing Lead
- Amy Fairhurst- ELSA and Nurture Support Lead
- Rev. Jo and Ian Ball – Wellbeing Governors

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the mental health lead in the first instance. Concerns should also be documented on our electronic monitoring system 'CPOMS' by the staff member reporting the concerns. If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the DSL or back-up DSL. If the child 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.

It may be necessary to draw up an action plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This is usually in the form of an IEP (Individual Education

Plan). This should be formulated involving the child, parents and relevant health professionals. This can include:

- Details of a child's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

### **ELSA/ Nurture Group Referral Procedures**

A clear set of ELSA/ nurture group referral procedures (if a child is not considered to be in danger of immediate harm) are provided for all staff members. Referral forms are readily available to all staff in both an electronic and paper format. Completed referral forms are returned to the mental health and wellbeing lead and are shared with the ELSA/ nurture support lead. Class teachers, working alongside the ELSA/ nurture support lead, devise a clear set of targets for each child. On achieving the SMART targets outlined, children are given the opportunity to use the coping strategies gained and return to class. Such children are then closely monitored by teachers and support staff.

### **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 specific content of lessons will be determined by the specific needs of the cohort 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 follow the PSHE Scheme '1Decision' to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

### **Support for Adults in our School Family**

We aim to look after the wellbeing of our staff and families in the best way that we can. Our Staff Insurance Policy covers all of our staff and includes elements of wellbeing support. All staff are aware of this. All staff have someone they can talk to and work effectively in class or key stage teams. Our vicar, Rev. Jo, provides excellent spiritual and pastoral support to all our staff members. She regularly checks on the wellbeing of everyone in school and staff know that she is there for them should the need arise.

Our parents know that they are part of our school family and if we can support them in any way then we will. This may be personally, financially or as a family. Excellent communication between home and school means that they feel able to approach us with anything sensitive. We support many families in different ways and will involve external agencies to help if we feel that this would be beneficial. Once again, Rev. Jo is known to our families and will support in any way she can.

### **Signposting**

We ensure that staff, pupils and parents are aware of sources of support within school and in the local community. We share relevant sources of support via external noticeboards, newsletters, visitors to school, corridor displays and through relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of all members of our school family seeking help by ensuring they 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 communicate their concerns with the DSL on site and our mental health and wellbeing lead. Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- Skipping 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

Many of these would also be applicable to adults in our school family.

## **Managing Disclosures**

A child 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. Staff are all trained in Safeguarding and therefore all know the procedures that must be followed and all have access to our electronic monitoring system 'CPOMS'. If a child 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 child's emotional and physical safety rather than of exploring 'Why?'. All disclosures should be recorded on CPOMS and include the date, the name of the member of staff to whom the disclosure was made, the main points from the conversation and agreed next steps. This information should also be shared with the mental health lead who will offer support and advice about next steps.

## **Confidentiality**

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a child on, then we should discuss with the child:

- 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 child 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 the DSL and mental health lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

## **Working with Individual 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 child, 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 and give the parent time to reflect. We should always highlight further sources of information or support. There should be agreed next steps before any meeting ends.

## **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
- 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
- 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

## **Supporting Peers**

When a child 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 child 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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

## **Training**

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular Safeguarding training to enable them to keep students safe. We will also signpost additional information for staff who wish to learn more about mental health. Training opportunities for staff who require more in-depth knowledge will be considered as CPD programme. Where the need to do so becomes evident, or the opportunity arises, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

This policy will reviewed on a yearly basis.

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