

<i>Date</i>	<i>Minute number</i>	<i>Amendments</i>	<i>signed</i>
29/1/18		New school policy	
21/5/18		Information added to reflect the Christian Ethos of the school	
16/7/18		Appendixes added	



St Oswald's C of E Primary School

Mental Health and Wellbeing Policy

Wellbeing and mental health are not the same thing, neither is there one clear definition of wellbeing. The children's society asserts that 'Wellbeing refers to the quality of people's lives. It is about how well we are and how our lives are going.'

Mental Health is a state of wellbeing in which an individual realises his or her own abilities, can cope with normal stresses of life, can work productively and is able to make a contribution to his/her community.

1. Why mental health and wellbeing is important

Our school ethos and underpinning core values- of Friendship, Hope, perseverance, respect, forgiveness support children's and adults mental health and well-being. We aim to promote positive mental health and wellbeing for our whole school community; pupils, 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. This is part of our embedded approach. 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 through their school career/life and some face significant life events. About 1 in 10 children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their 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 pupils 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 pupils wellbeing and can help engender a sense of belonging and community.

Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils 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 be a school where

- All pupils are valued
- Pupils have a sense of belonging and feel safe
- Pupils 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 pupils with mental health needs
- How we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse and support pupils
- Key information about some common mental health problems
- Where parents, staff and pupils can get advice and support

3. Definition of mental health and wellbeing

We use the World Health Organisations 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. Links to other policies

This policy links to our policies on safeguarding, supporting pupils with medical conditions, anti-bullying, PSHE and SEND strategy. It also links to our SEN Information Report. Links with the 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.

5. A whole school approach to promoting positive mental health

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses 7 aspects

1. Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands.
2. Helping pupils to develop social relationships, support each other and seek help when they need to.
3. Helping pupils to be resilient learners.
4. Teaching pupils social and emotional skills and an awareness of mental health.
5. Early identification of pupils 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 resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues.

6. Staff roles and responsibilities

Designated safeguarding Lead; Rebecca Wood

SENDCo; Di Mansfield

Mental health and Wellbeing representatives; R Wood and D Mansfield

PSHRE; K Austin

Governor Support; J Wright and S Shearer

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 pupils 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 a 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 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

Mental Health Lead - *SENDCo* - leads on and works with other staff to coordinate whole school activities to promote positive mental health

- Provides advice and support to staff and organises training and updates
- Keeps staff up to date with information about what support is available
- Liaises with the PSHE Coordinator on teaching about mental health
- Is the first point of contact and communicates with mental health services
- Leads on and makes referrals to services

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 pupils with mental health needs and their families, which the Mental Health and Well-being lead can provide and recommend.

7. Supporting pupils' positive mental health

We believe we have a key role in promoting pupils positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

Transition programmes

- Effective transition into EYFS - strong links with EYFS settings, parent consultations, EYFS lead visits settings prior to starting school.
- All Teachers spend time with new children prior to class changes, parent meetings are held.

Class activities

- Praise
- Stickers / reward charts
- medals

Whole school

- Wellbeing assemblies
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school

Small group activities

- Nurture groups

Teaching about mental health and emotional wellbeing

- Through PSHE we teach the knowledge and social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

Primary pupils learn

Key Stage 1

- 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

- 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), how to respond and ask for help
- About the importance of talking to someone and how to get help

8. Identifying, referring and supporting pupils with mental health needs

Our approach is to:

- Provide a safe environment to enable pupils to express themselves and be listened to
- Ensure the welfare and safety of pupils as paramount
- Identify appropriate support for pupils based on their needs
- Involve parents and carers when their child needs support
- Involve pupils in the care and support they have
- Monitor, review and evaluate the support with pupils 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 recognise common mental health disorders;

- Separation Anxiety
- Specific phobias
- Social phobias
- Generalised anxiety
- Depression
- Conduct disorder
- Hyperkinetic disorders

As well as less common ones; Tourette's, selective mutism, schizophrenia

Early identification includes;

- Analysing behaviour, monitoring of behaviours in classroom and outside classroom situations, exclusions,
- Using Leuven scales to identify children in EYFS who need support
- Staff report concerns about individual pupils to the Mental Health lead
- Parental meetings in EYFS
- Enabling parents and carers to raise concerns through the school nurse, class teacher, Head teacher or directly to the Mental Health lead (SENDco)

All staff will have training on the protective and risk factors 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 the Mental Health Lead or the Head teacher.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn
- Changes in activity or mood or eating/sleeping habits
- Lowering 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
- Appendix A Signs and Symptoms.

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.

Any signs or concerns are put onto the Safeguarding Tool 'My Concern' by Senior Leaders and teaching staff

Disclosures by pupils and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgemental to pupils who disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff listen rather than advice. Staff are clear to pupils that the concern will be shared with the Mental Health Lead and recorded in order to provide appropriate support to the pupil.

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

Assessment, Interventions and Support

All concerns are reported to the Mental Health Lead and recorded. We then implement our assessment system which is based on levels of need to ensure that pupils get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

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 pupils after inpatient treatment

We recognise that some pupils will need ongoing support and the Mental Health Lead will meet with pupils on a regular basis. We are careful not to "label" pupils.

We have a duty of care to support pupils and will seek advice from medical staff and mental health professionals on the best way to support pupils. We will carry out a risk assessment and produce a care plan to support pupils 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 is smooth and positive

9. 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. (Appendix B- Screening Tool) (Appendix C- Flow Chart for the process of raising a concern.)

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 pupils' Individual Care Plan.

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

SEND and mental health

Persistent mental health problems may lead to pupils 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)

10. 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 their children with 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. It is very helpful if parents and carers can share information with the school so that we can better support their child.

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 help 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.

Parents and carers will always be informed if their child is at risk of danger and pupils may choose to tell their parents and carers themselves. We give pupils the option of informing their parents and carers about their mental health need for themselves or go along with them.

We make every effort to support parents and carers to access services where appropriate. Our primary concern are pupils, 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.

11. Involving pupils

We seek pupil's views about our approach through the school council, curriculum and promoting whole school mental health activities.

12. 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 pupils and know what to do and where to

get. Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals

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, such as yoga, mindfulness, and physical activities.

13. 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 Mental Health Lead, Head teacher and Governors.

APPENDIX A

Signs and symptoms of common mental ill-health conditions

<p>Depression</p> <ul style="list-style-type: none"> • Feeling sad or having a depressed mood • Loss of interest or pleasure in activities once enjoyed • Changes in appetite — weight loss or gain unrelated to dieting • Trouble sleeping or sleeping too much • Loss of energy or increased fatigue • Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others) • Feeling worthless or guilty • Difficulty thinking, concentrating or making decisions • Thoughts of death or suicide 	<p>Anxiety</p> <ul style="list-style-type: none"> • Palpitations, pounding heart or rapid heart rate • Sweating • Trembling or shaking • Feeling of shortness of breath or smothering sensations • Chest pain • Feeling dizzy, light-headed or faint • Feeling of choking • Numbness or tingling • Chills or hot flashes • Nausea or abdominal pains
<p>Obsessive-compulsive disorders</p> <p>Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions:</p> <ul style="list-style-type: none"> • Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them some spend many hours washing themselves or cleaning their surroundings. Some people spend many hours washing themselves or cleaning their surroundings. • Repeating to dispel anxiety. Some people utter a 	<p>Eating Disorders</p> <p>Anorexia Nervosa:</p> <p>People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation:</p> <ul style="list-style-type: none"> • Menstrual periods cease • Hair/nails become brittle

name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done.

- Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people develop checking rituals. Some people repeatedly retrace driving routes to be sure they haven't hit anyone.
- Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion.
- Mental compulsions to respond to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.

- Skin dries and can take on a yellowish cast
- Internal body temperature falls, causing person to feel cold all the time
- Depression and lethargy
- Issues with self-image /body dysmorphia

Bulimia Nervosa:

Patients binge eat frequently, and then purge by throwing up or using a laxative.

- Chronically inflamed and sore throat
- Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy, • Tooth enamel wears off; teeth begin to decay from exposure to stomach acids
- Constant vomiting causes gastroesophageal reflux disorder
- Severe dehydration from purging of fluids

ADHD:

- Doesn't pay close attention to details or makes careless mistakes in school or job tasks.
- Has problems staying focused on tasks or activities, such as during lectures, conversations or long reading.
- Does not seem to listen when spoken to (i.e. seems to be elsewhere).
- Does not follow through on instructions and doesn't complete schoolwork, chores or job duties (may start tasks but quickly loses focus).
 - Has problems organizing tasks and work (for instance, does not manage time well; has messy, disorganized work; misses deadlines).
 - Avoids or dislikes tasks that require sustained mental effort, such as preparing reports and completing forms.
 - Often loses things needed for tasks or daily life, such as school papers, books, keys, wallet, cell phone and eyeglasses.
 - Is easily distracted.
 - Fidgets with or taps hands or feet, or squirms in seat.
 - Not able to stay seated (in classroom, workplace).
 - Runs about or climbs where it is inappropriate.
 - Unable to play or do leisure activities quietly.
 - Always "on the go," as if driven by a motor.
 - Talks too much.
 - Blurts out an answer before a question has been finished (for instance may finish people's sentences, can't wait to speak in conversations).
 - Has difficulty waiting his or her turn, such as while waiting in line.
 - Interrupts or intrudes on others (for instance, cuts into conversations, games or activities, or starts using other people's things without permission).

Autism:

- Communication problems: including difficulty using or understanding language. Some children with autism focus their attention and conversation on a few topic areas, some frequently repeat phrases and some have very limited speech.
- Difficulty relating to people, things and events: including trouble making friends and interacting with people, difficulty reading facial expressions and not making eye contact.
- Repetitive body movements or behaviours: such as hand flapping or repeating sounds or phrases.
- Limited imagination
- Rigidity of thought
- Hypersensitive to some sensory input e.g. sound, touch

Key Points to Remember:

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals.
- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people.

Appendix B

Sample Screening Tool to structure and inform conversations with relevant external agencies

Name of Young Person Date of screen: / / 20.....

INVOLVEMENT WITH CAMHS	
<input type="checkbox"/>	Current CAMHS involvement *
<input type="checkbox"/>	Previous history of CAMHS involvement
<input type="checkbox"/>	Previous history of medication for mental health issues
<input type="checkbox"/>	Any current medication for mental health issues
<input type="checkbox"/>	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
<input type="checkbox"/>	1-2 weeks
<input type="checkbox"/>	Less than a month
<input type="checkbox"/>	1-3 months
<input type="checkbox"/>	More than 3 months
<input type="checkbox"/>	More than 6 months

* Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care before proceeding

Level of concern in school – add the relevant score

Little or none	Score = 0	Some	Score = 1	Moderate	Score = 2	Severe	Score = 3
----------------	-----------	------	-----------	----------	-----------	--------	-----------

SIGNS AND SYMPTOMS OF CONCERN	
<input type="checkbox"/>	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
<input type="checkbox"/>	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
<input type="checkbox"/>	Depressive symptoms (e.g. tearful, irritable, sad)
<input type="checkbox"/>	Sleep disturbance (difficulty getting to sleep or staying asleep)
<input type="checkbox"/>	Eating issues (change in weight / eating habits, negative body image, purging or bingeing)
<input type="checkbox"/>	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
<input type="checkbox"/>	Symptoms of hearing and / or appearing to respond to voices; overly suspicious
<input type="checkbox"/>	Delusional thoughts (grandiose thoughts, thinking they are someone else)
<input type="checkbox"/>	High levels of overactivity & impulsivity above what would be expected developmentally and in all settings)
<input type="checkbox"/>	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

HARMING BEHAVIOURS	
<input type="checkbox"/>	History of self harm (cutting, burning etc)
<input type="checkbox"/>	History of thoughts about suicide
<input type="checkbox"/>	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
<input type="checkbox"/>	Current self harm behaviours
<input type="checkbox"/>	Anger outbursts or aggressive behaviour towards children or adults
<input type="checkbox"/>	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
<input type="checkbox"/>	Thoughts of harming others* or actual harming / violent behaviours towards others

* If yes – call relevant external agencies and/or emergency services and implement immediate risk management/safeguarding strategies

Appendix C

Flowchart for the process of raising a concern

Complete the example flow chart which outlines your school's system/procedure.

Parent Voice/Child Voice

