



## Mental Health and Well-Being Policy

Date Agreed by Governors: \_\_\_\_\_

Review Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Chair of Governors)

Signed: \_\_\_\_\_ (Headteacher)

# Sherdley Primary Mental Health and Emotional Well-being Policy

## 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 Sherdley Primary School, we aim to promote positive mental health for every member of our staff and student community. 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. Research shows that in an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupil affected both directly, and indirectly by mental ill health.

Our school is unique and diverse; we recognise that children and staff come with a variety of life experiences that can impact their daily lives, learning and work commitments. At Sherdley Primary we want pupils and staff to feel safe to seek support for their mental health and emotional wellbeing. Our aim is to challenge the stigma that is attached to pupils and adults suffering from mental ill health. This is intrinsic to our belief system, that everybody's mental health is important and that we must invest time and energy in promoting positive mental health, being aware of the mental health of others and how we as individuals can both positively and negatively impact upon the mental health of others.

## Aims:

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 with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational needs and our safeguarding policy.

The Policy Aims to:

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

## Lead Members of Staff

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

- Mrs Robertson -Deputy Head - Designated Safeguarding Lead / Child Protection
- Mrs Bennett- Assistant Head - Mental Health Lead (Mental Health First Aider)
- Mrs Dudley / Mrs Franklin - Lead First Aider
- Mrs Lakey – Community and Family Support Worker
- Mr McCoy – Headteacher - CPD lead
- Miss MacDonald – PSHE Co-Ordinator

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead – Mrs Bennett (Assistant Head) in the first instance, in her absence Mrs Robertson, Mr McCoy or Mrs Lakey. 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 Designated Safeguarding Officer– Mrs Robertson - or the Headteacher – Mr McCoy. If the student 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. Where a referral to CAMHS is appropriate, this will be led and managed by Mrs Bennett, Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix A.

### **Individual Care Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

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

### **Teaching about Mental Health**

The skills, knowledge and understanding needed by our pupil to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE and PE curriculum. The specific content of lessons will be determined by the specific needs of the cohort we’re 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 follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

### **Signposting**

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.

What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix A (needs to be compiled locally)

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.

Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring pupil 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

School staff may become aware of warning signs which indicate a student or colleague 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 Mrs Bennett, our mental health and emotional wellbeing lead. 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
- 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

## Managing disclosures

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?'

For more information about how to handle mental health disclosures sensitively see appendix E.

### Highlighting a concern:

If a pupil makes a disclosure linked to their emotional wellbeing or mental health, this should be recorded on CPOMs. This will be reviewed by Mrs Bennett, Mrs Robertson and Mr McCoy. Actions will then be agreed and shared with appropriate staff and parents.

If a member of staff makes a disclosure about their own mental ill health or emotional wellbeing, staff need to use their own professional judgement as to whether this information should be shared with a senior member of staff.

### Action:

All disclosures should be recorded in writing on CPOMs and held on the pupil's confidential file. Following a recording on CPOMs, the safeguarding team will make a decision regarding the action. We have a graduated approach to addressing concerns. If the presentation of a child is putting them at risk of significant harm we would dial 999.

This record will include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health lead, Mrs Bennett who will provide review the record appropriately and offer support and advice about next steps.

See appendix A for guidance about making a referral to CAMHS.

### **Review:**

It is important that school review the care plan or actions following any disclosures. Pupils may have long waiting times to access external services and so the school graduated approach will be applied, this includes in house referrals to The Pastoral Team. Each disclosure and action will be reviewed individually with a bespoke package of support implemented. This plan-do-review cycle will be in consultation with parents/carers.

### **Confidentiality**

We should be honest with regards to the issue of confidentiality. If we feel it is necessary for us to pass our concerns about a pupil on then we should discuss this with the pupil, this includes parents/carers.

- 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. (All of our pupils are under the age of 16; through discussion with them, it is appropriate for us to inform their parents/carers) It is always advisable to share disclosures with a colleague, usually the Mental Health Lead, Mrs Bennett, 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 self-harms whilst in school, self-harm outside of school but discloses with school staff or makes reference to wanting to kill or harm themselves. Pupils may choose to tell their parents/carers themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents, unless the member of staff feels that the pupil potentially could carry-out immediate self-harm. We should always give pupil 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 Designated Safeguarding Lead, Mrs Robertson must be informed immediately, or in the case of immediate danger a social care referral or police should be contacted.

### **Working with Parents/Carers**

Where it is deemed appropriate to inform parents/carers, we need to be sensitive in our approach. Before disclosing to parents/carers 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/carers 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/carer time to reflect. We should always highlight further sources of information and, if

appropriate, give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing.

Sharing sources of further support aimed specifically at parents/carers 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 in a follow up meeting or phone call right away as parents/carers often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

### **Working with All Parents/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/carers we will:

- Highlight sources of information and support about common mental health issues on our school website – including Mindmoose
- Ensure that all parents/carers 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/ carers
- 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 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 pupil who is suffering and their parents/carers 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

### **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 and safeguarding training in order to enable them to keep pupil safe. We will present relevant information in and around our school environment for staff who wish to learn more about mental health, including notice boards. The MindEd learning portal<sup>2</sup> provides free online training suitable for staff wishing to know more about a specific issue.

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 pupil.

Where the need to do so becomes evident, we will host staff 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 Mr McCoy, our CPD Co-ordinator or Mrs Bennett, Mental Health Lead, who can also highlight sources of relevant training and support for individuals as needed.

This policy will be reviewed every 3 years as a minimum. It is next due for review in June 2022.

Sources of information:

For staff:

[www.mindmoose.co.uk](http://www.mindmoose.co.uk)

[www.mind.org.uk](http://www.mind.org.uk)

[www.minded.org.uk](http://www.minded.org.uk)

[www.headstogether.co.uk](http://www.headstogether.co.uk)

For pupils and parents / carers:

[www.mindmoose.co.uk](http://www.mindmoose.co.uk)

[www.boss-sthelens.co.uk](http://www.boss-sthelens.co.uk)

[www.barnados.org.uk](http://www.barnados.org.uk)

[www.philippitrust.com](http://www.philippitrust.com)

[www.together-uk.org/projects/st-helens-community-support-service/](http://www.together-uk.org/projects/st-helens-community-support-service/)



**General Practitioner details:**

Doctor:

Surgery address:

Postcode:

Telephone number:

**Who Initiated this Referral?**

Please tell us who is asking for help by circling the appropriate answer:

Young Person

Parent/Carer

Professional

Other

**Description of presenting issue:**

Please include any possible triggers, duration and severity of issues, method and frequency of any self-harm:

Name:

NHS number:

**Reason for referral:**

Deliberate self-harm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal ideation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depression	Yes <input type="checkbox"/> No <input type="checkbox"/>
Anxiety disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Psychosis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eating disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mood disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>
Behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bereavement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trauma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (Please state)	

**Risk/Vulnerability Factors:**

Alcohol Misuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drug Misuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Criminal Behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>
Domestic Abuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Sexual Exploitation (CSE)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Autistic Spectrum Disorder (ASD)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Attention Deficit Hyperactivity Disorder (ADHD)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home visit safety issues (e.g dogs, needles, family members) Please state risk:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is young person pregnant? If yes please state due date: Name of midwife:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is young person a parent? If yes please give Health Visitor/Midwife details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is young person a young carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is young person a Dependant of an ex-services member or an ex service member	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Other service/professional involvement:**

Service	Name and contact details	Date(s) of involvement	Reason for involvement

**Consent: Mandatory Field**

Has the referrer met with child or young person?      **Yes**  **No**

Has the child/young person given consent to referral?      **Yes**  **No**

Has the parent/guardian given consent to referral?      **Yes**  **No**

If the child is under 16 years of age has the parent / carer consented to transfer of referral information to CAMHS or other partnership agency if assessed as more appropriate for their needs      **Yes**  **No**

If the young person is over 16 years of age have they consented to transfer of referral information to CAMHS or other partnership agency if assessed as more appropriate for their needs      **Yes**  **No**

Name:

NHS number:

**Details of any previous advice, treatment or interventions:**

Please include medications, allergies and recent physical assessments/investigations

**Details of any current treatment:**

**Are there any Safeguarding concerns?**

**If so please specify**

Expand on any risk/vulnerability factors in respect of Safeguarding

**Please highlight requested response** (please call Duty to discuss if unsure and always call to discuss Emergency referrals *BEFORE* sending)

**Emergency (24 hours)**

*i.e High risk to self/others and/or acute psychiatric concern*

**Routine**

*i.e concerns regarding emotional health/mental state/risk/behaviour that can be managed safely by family and other agencies until assessment*

EMERGENCY referrals send to  
5bp-tr.CAMHS-referrals@nhs.net  
Or  
Fax 01925 664191  
Or

ROUTINE referrals send to  
nwbh.camhssthelensreferrals@nhs.net  
Or  
contact St Helens CAMHS team on  
01925 579405

**Referrer details:**

Referrer name:

Contact number:

Job title/Profession:

Date of request:

Address:

Email address:

**Thank You**

## **Appendix E**

Graduated Approach to disclosures of Low Emotional Wellbeing or Mental Ill Health:

**Phone 999 if at risk of significant harm to themselves**

**Referral to outside agencies for support – CAMHS, Barnados, Phillippi Trust.**

**Referral within school to Pastoral Team. Mrs Bennett to discuss at Termly Planning Meeting with other agencies. Discussion with parents regarding GP or external options.**

**Quality First Support from teachers, LSA support staff and midday supervisors. Positive listening, offering suggestions and possible solutions to reduce stress and anxiety. This may be linked to friendships or transitions or school work.**