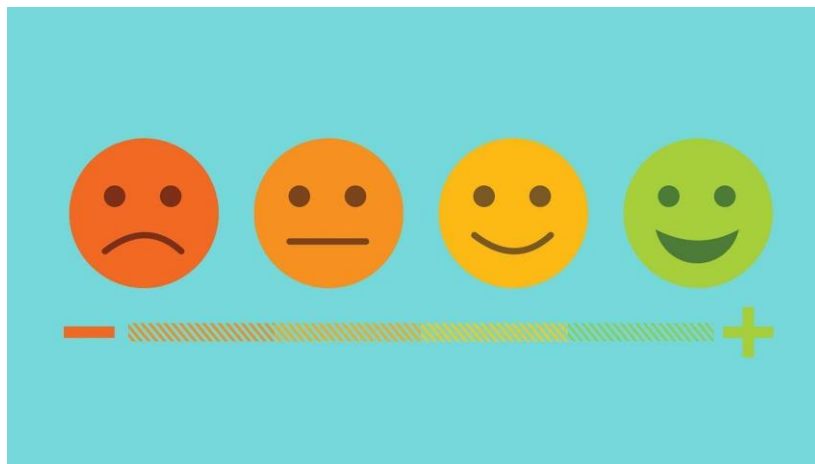


Harvills Hawthorn Primary School

Mental Health and Wellbeing Policy



N Barnett

Children's Mental Health and
Wellbeing Lead

September 2020-September 2022

Policy Statement

Emotional 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 our school, we aim to promote positive emotional health for members of our school community. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive emotional health, we aim to recognise and respond to emotional ill health. In an average classroom, three children will be suffering from a diagnosable emotional health issue. By developing and implementing practical, relevant and effective emotional health policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by emotional ill health.

Scope

This document describes the school's approach to promoting positive emotional 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 emotional health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need. This policy should also be read alongside our Safeguarding and Child Protection Policy.

The Policy Aims to:

- Promote ways to be or become mentally healthy for all staff and pupils
- 'Normalise' the concept of being mentally healthy and well vs. not feeling mentally healthy and well and support pupils and staff in how to seek support
- Increase understanding and awareness of common mental health and well-being issues
- Alert staff to early warning signs of emotional ill health
- Provide support to staff working with pupils with mental health and wellbeing difficulties

- Provide support to pupils suffering emotional ill health and their peers and families/carers



Lead Members of Staff

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

Key personnel

The Designated Safeguarding Lead (DSL) for child protection is

Joanne Sheen

Contact details:

Email: joanne.sheen@HarvillsHawthorn.co.uk

Tel: 0121 557 1034

The Deputy Designated Safeguarding Leads are

Michelle Hellend

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Carla Maxwell

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Tel: 0121 557 1034

The Nominated Child Protection Governor is

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the named Children's Mental Health and Well-being Lead **Natalie Barnett** or a member of the Pastoral or Safeguarding team.

If there is a fear that the child's mental health or well-being places them at risk of future harm, then the normal child protection procedures should be followed with an immediate referral to the Safeguarding Team via Safeguard.

If there is a fear that the pupil's mental health or well-being places them in danger of immediate harm, safeguarding procedures should be followed using the 'code red' system to physically alert a DSL/DDSL before entering the concern on Safeguard.

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.

Mr Jeremy Oakley

Contact details: Tel: 0121 5571034

The Headteacher is

Joanne Sheen

Contact details: email: Joanne.Sheen@HarvillsHawthorn.co.uk

Where a referral to CAMHS is appropriate, this will be led and managed by the Safeguarding Department. Guidance about referring to CAMHS is provided in Appendix F.

Individual Care Plans

It is helpful to draw up an individual care plan for students causing concern or who receive a diagnosis pertaining to their mental health and/or well-being.

This should be drawn up involving the student, the families and relevant health professionals. This can include:

- Details of a student'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

Teaching about Mental Health and Well-being

The skills, knowledge and understanding needed by our students to keep themselves and others physically and emotionally healthy is taught through our PSHE curriculum which includes the new statutory strands on Relationships and Sex. There is an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We also have a daily focus on an element of mental health and well-being each day to help pupils let go of any worries or issues from throughout the day and help them re-focus and become mentally present in the 'here and now'. This is done through Mindfulness, Peer Relaxation*, breathing exercises etc.

The specific content of lessons has been determined through a working party of senior leaders, parents and governors to tailor the content to the specific needs of our school community. We will ensure we teach mental health and well-being in a safe and sensitive manner which helps rather than harms.

Our recent 'Trusted Adult' training and Covid-19 CharterMark assessment has also highlighted the positive nature of empowering pupils to take charge of their mental health and well-being and realise that there are **some** actions that they can take to support this.

For pupils who are in particular need of more in-depth or specialised support for managing their mental health and well-being, the following resources can be drawn upon:

- Well-being hub*
- Healthy Mind, Happy Me Curriculum units
- Wishes and Feelings support
- Therapeutic Mentoring**
- Boxall Assessment for Nurture support
- Drama-therapy 'drop-ins'**
- Drama-therapy referrals
- Referrals to external agencies

- iTrust Mentoring scheme (Y6 only)**

*** PLEASE NOTE** that this service is unavailable at present due to the Covid Pandemic and the inability to 'mix bubbles', instead the children can request a well-being session with **Mrs Barnett** who would normally run the well-being hub. It may be possible to co-ordinate 'hub' sessions with multiple pupils if they are from the same bubble.

** These provisions will offered to parents over the telephone or via text message and verbal PARENTAL CONSENT will be sought where the need for support has been identified by an adult. Feedback will also be shared with class teachers as soon as is reasonably practical.

Where a child has **themselves** sought out support, we will endeavour to share this information with parents, but there may be times when a child has sought 'drop-in' support independently and not made their classroom staff aware of this. The children are aware that they are allowed to do this and choose their own 'trusted adult' to speak to. **In the event that a child made a disclosure to their 'trusted adult', normal Safeguarding procedures would apply.**

Teacher Guidance: Preparing to teach about mental health and well-being

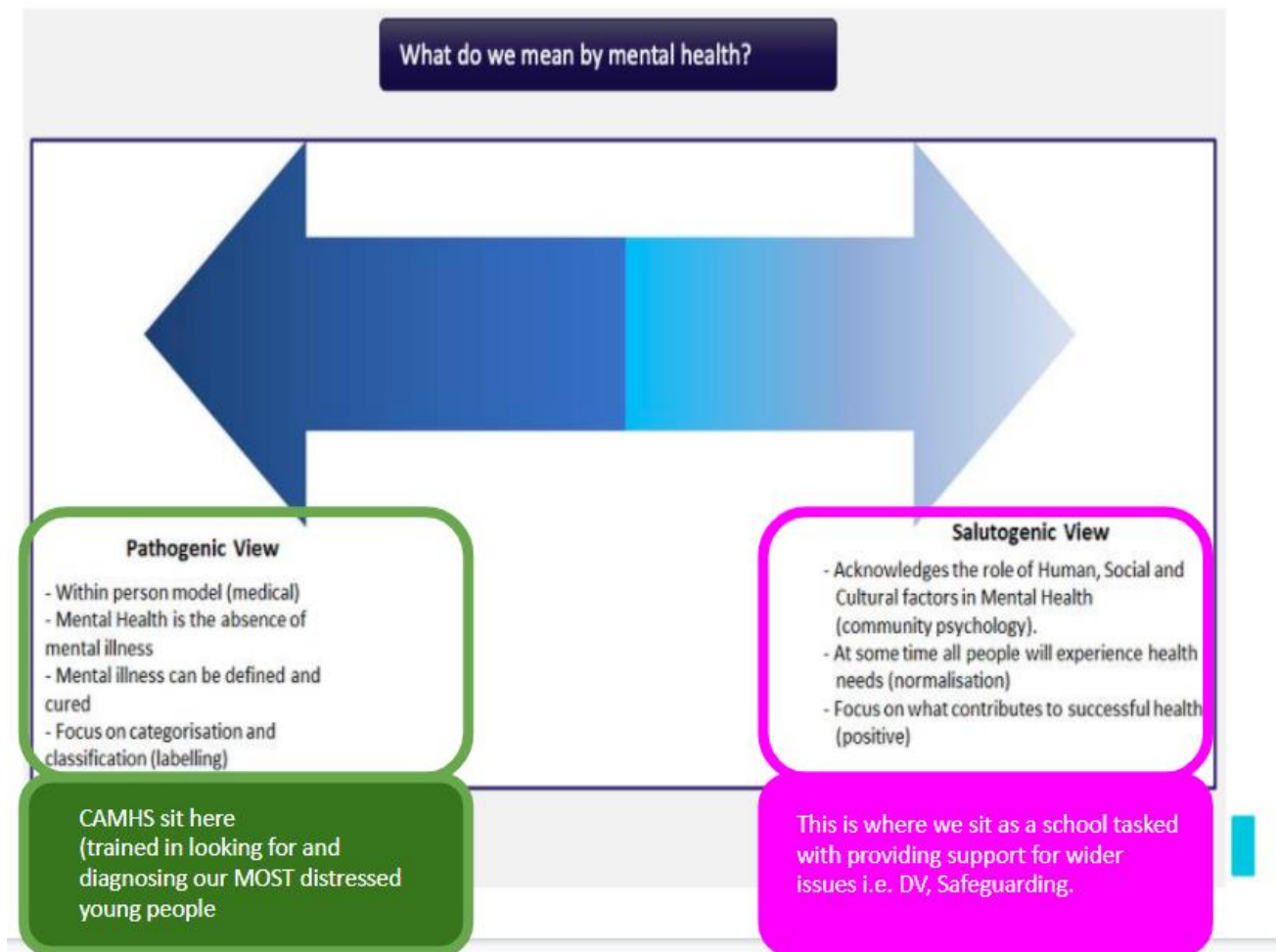
Signposting

We will ensure that staff, students and families 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 D.

We will display relevant sources of support throughout the school and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students 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 is experiencing mental health or well-being issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the Safeguarding Team.

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 student 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 emotional 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 student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle emotional health disclosures sensitively see Appendix E.

All disclosures will be recorded on the school's Safeguard system. This information will then be reviewed via Safeguard by a member of the Safeguarding Team, who will offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

Confidentiality

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

- 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 student without first telling them. If a student is at risk or is in danger of harm, no promises of confidentiality should be made and a referral to the Safeguarding Team should follow immediately.

It is always advisable to share disclosures with the Safeguarding Team as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Families must always be informed when disclosures regarding a students' mental or emotional health and wellbeing are made unless there is a reason not to do this for

safeguarding and child protection. Students may choose to tell their families themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts families. We should always give students the option of us informing families for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, families should not be informed and the Safeguarding Team alerted immediately.

Working with Families

Where it is deemed appropriate to inform families, we need to be sensitive in our approach. Before disclosing to families 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 families, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for families 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 family time to reflect.

We should always highlight further sources of information and 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 families can also be helpful too e.g. family 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 families often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record on Safeguard.

Working with All Families

Families are often very welcoming of support and information from the school about supporting their children's emotional and emotional health. In order to support families we will:

- Highlight sources of information and support about common mental health and well-being issues
- Ensure that all families are aware of who to talk to, if they have concerns about their own child or a friend of their child
- Make our mental health and well-being policy easily accessible to families
- Share ideas about how families can support positive mental health in their children

Supporting Peers

When a pupil is suffering from mental health and/or well-being 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 families 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 training about recognising and responding to emotional health issues as part of their regular child protection training in order to enable them to keep students safe.

We will provide relevant information for staff who wish to learn more about emotional health.

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 to developing situations with one or more students.

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

Policy Review

This policy will be reviewed annually. It is next due for review in September 2021.

This policy will always be immediately updated to reflect personnel changes.

Appendix A: Further information and sources of support about common emotional health issues

Prevalence of Emotional Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable emotional health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm.
- Over the last ten years this figure has increased by 68%.
- More than half of all adults with emotional health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at families but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Source: Young Minds

Books Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support Depression Alliance: www.depressionalliance.org /information/what-depression

Books Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support Anxiety UK: www.anxietyuk.org.uk

Books Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support OCD UK: www.ocduk.org/ocd

Books Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for families and teachers. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide out of the blue.

Online support Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide:
www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

Books Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry:
www.inourhands.com/eatingdifficulties-in-younger-children

Books Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix B: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff.
Department for Education (November 2018)

Teacher Guidance: Preparing to teach about emotional health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges.
Department for Education (2019)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to emotional health problems in schools? Advice for schools and framework

document written by Professor Katherine Weare. National Children's Bureau (2015)

Appendix C: Data Sources

Children and young people's emotional health and wellbeing profiling tool collates and analyses a wide range of publicly available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, emotional illness. It enables benchmarking of data between areas

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the offer for school nursing

Appendix D: Sources or support at school and in the local community

Support is available for students through the following:

www.kooth.co.uk

www.childline.co.uk

www.beam.co.uk

Chat Health – Birmingham Community Healthcare

07840 635 486 to text your school health nurse for support

www.mhfaengland.org

www.mind.org

Appendix E: Talking to students when they make mental health and/or well-being disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose emotional health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said

'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Never break your promises

“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the student’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix F: What makes a good CAMHS referral?

Within Sandwell Local Authority we have Point of Access

<http://www.bcpft.nhs.uk/services/for-children-and-young-people-and-families/84-camhs/250-specialist-camhs>

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the student by the school and the impact of this. CAMHS will always ask ‘What have you tried?’ so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the family(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a family / carer and the referred student?
- Has the student given consent for the referral?
- Has a family / carer given consent for the referral? • What are the family/carers student’s attitudes to the referral?

Basic information

- Is there a child protection plan in place?

- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the student / family.
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved
- Who else is living at home and details of separated families if appropriate?

Further helpful information

Adapted from Surrey and Border NHS Trust

- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the student's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?