

## Federation of Priddy and St Lawrence's



<b>Review Cycle</b>	<b>Date of current policy</b>	<b>Author(s) of current policy</b>	<b>Review Date</b>
Every two years	2021-2022	Elissa Lodge/Annabel Smout	February 2025
	2025 - 2027	Elissa Lodge	February 2027

## **PRIDDY & ST. LAWRENCE'S CE PRIMARY FEDERATION**

### **MENTAL HEALTH AND WELLBEING 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 Organisation)*

At Priddy & St. Lawrence's CE Primary Federation we aim to promote positive mental health for every member of our staff and pupils. We pursue this aim using workplace practices, 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 a practical, relevant and effective mental health policy and procedures we can promote a safe and stable environment for staff and pupils affected both directly and indirectly by mental ill health.

This document describes the school's approach to promoting positive mental health and wellbeing. It is intended as guidance for all staff including non-teaching staff and governors. It should be read in conjunction with our:

- Health and Safety Policy
- Safeguarding and Child Protection Policy (where the mental health of a pupil overlaps with or is linked to a medical issue)
- Special Needs Policy (where a pupil has an identified special educational need)

#### **Aim of the Policy**

At Priddy & St. Lawrence's CE Primary Federation we aim to create an environment that promotes positive mental health in all staff and pupils by:

- Increasing understanding and awareness of common mental health issues
- Providing opportunities for staff to look after their mental wellbeing
- Alerting staff to early warning signs of mental ill health in pupils
- Providing support to staff working with young people with mental health issues
- Providing support to pupils suffering from mental ill health and their peers and parents or carers

#### **Dissemination**

Priddy & St. Lawrence's CE Primary Federation will share the policy with staff, governors, pupils and parents/carers via the following methods:

- Introduce the policy as part of a staff meeting session, with time for questions and review
- A copy or direct link to the policy will be emailed to all staff
- New staff will receive a copy of this policy during the induction process
- A copy of the policy will be available on display in the staff room
- Salient points from the policy will be shared with pupils via PSHE lessons.
- School website

- Via newsletter to parents/carers

### **Lead Members of Staff**

Staff with a specific remit include:

- Designated Safeguarding Lead: (DSL) Sharon Foxall
- Deputy Safeguarding Lead (DDSL : Lauren Durbin and Lyndsay Thomas
- Senior Mental health Lead/ SLT : Elissa Lodge
- Lead First Aider: Gayle Thompson & Roseanna Phipps
- SENDCo: Annabel Smout
- ELSA : Emily Richards
- PFSA : Debbie Balkham

### **Responsibility**

Any member of staff who is concerned about the mental health or wellbeing of a pupil/student should speak to the DSL in the first instance. If there is a fear that the pupil is in danger of immediate, significant harm then the normal child protection procedures should be followed with a referral. If the pupil/student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the School First Aider and contacting the emergency services if necessary. Where a referral to CAMHS is appropriate, this will be led and managed by DSL and /or PFSA/ SENDCo.

All school staff are encouraged to:

- Understand this policy and seek clarification from management where required
- Consider this policy while completing work-related duties and at any time while representing Priddy & St. Lawrence's CE Primary Federation.
- Support fellow staff in their awareness of this policy
- Support and contribute to Priddy & St. Lawrence's CE Primary Federation's aim of providing a mentally healthy and supportive environment for all staff.

All school staff have a responsibility to:

- Take reasonable care of their own mental health and wellbeing, including physical health
- Take reasonable care that their actions do not affect the health and safety of other people in the workplace
- Raise concerns with their line manager if they feel there are work issues that are causing them stress and having a negative impact on their well-being

Managers and Senior Leadership have a responsibility to:

- Ensure that all school staff are made aware of this policy
- Actively support and contribute to the implementation of this policy, including its goals
- Manage the implementation and review of this policy
- Champion good management practices the establishment of a work ethos within Priddy & St. Lawrence's CE Primary Federation which discourages assumptions about long term commitment to working hours of a kind likely to cause stress and which enables staff to maintain a reasonable "work life balance".
- Promote effective communication and ensure that there are procedures in place for consulting and supporting employees on changes in the organisation, to

management structures and working arrangements at both a school-wide and departmental level.

- Encourage initiatives and events that promote health and well-being
- Ensure there are arrangements in place to support individuals experiencing stress, referring them to the school's Occupational Health advisers where appropriate.
- Collate management information which will enable the school to measure its performance in relation to stress management and employee well-being, such as:
  - o Sickness absence data
  - o Staff turnover
  - o Number of self-referrals to the counsellor service
  - o Number of referrals to Occupational Health support
  - o Numbers of grievance and harassment cases
- Seek the views of employees on the effectiveness of the School's Emotional Wellbeing and Mental Health Policy and stress management arrangements using staff surveys and other appropriate questionnaires.

### **Managing Pupil 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, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and first thoughts should be of the pupil's emotional and physical safety, rather than of exploring 'Why?', staff should avoid asking any leading questions. All disclosures should be recorded on CPOMs and shared with the DSL.

### **Warning Signs**

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously, and communicated to the DSL or DDSLs. Possible warning signs to look out for in pupils/students or their immediate family:

- 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, mood or behaviour
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol in the family
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE/Games or getting changed secretly
- Lateness or absence from school
- Repeated physical pain or nausea with no evident cause
- Increase in lateness or absenteeism

**Staff concerns are reported on CPOMs immediately.**

## **Realistic Expectations**

Mental health issues can be ongoing for a long time. They can be highly impactful on a pupil's ability to access school. We need to ensure that all members of staff are realistic in their expectations of affected pupils, to ensure those pupils are not placed under undue stress which may exacerbate their mental health issues. Expectations should always be led by what is appropriate for a specific pupil at a specific point in their recovery journey rather than by what has worked well for others, so some degree of flexibility is essential. Expectations to consider addressing include:

- Academic achievement
- Absence and lateness
- Access to extra-curricular activities including sport
- Duration and pace of recovery
- Ability to interact and engage within lessons

## **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/carers and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements or precautions
- Medication and any side effects
- Emergency procedures
- The role the school can play

## **Procedures for identified pupils**

At The Federation of Priddy and St Lawrences, we follow a graduated response for identifying and responding to the needs of individuals. We have used the Somerset's Graduated Response Tool to inform our own graduated response documentation.

**Assess:** Initial concerns raised about a young person. Use of 'quick checkers' and the provision map to identify a suitable support plan.

**Plan:** Interventions identified, either at Wave 2 (group intervention), or Wave 3 (individual support). Outcomes are set.

**Do:** Interventions are carried out, overseen and monitored by the class teacher/SENCo. We have a trained ELSA in school to provide emotional literacy support for our young people, should this be appropriate.

**Review:** Meet to discuss the young person's progress. What is the impact of the provision? What are the next steps?

- If it is decided that the provision has been successful, then support may be stepped down to Wave 1 – Universal provision (whole class).
- If there are continued concerns, support may need to be stepped up to Wave 3 (SEND support – 1:1 support). At this stage external agency provision may be required, e.g. PFSA.

## **Confidentiality**

See school's Safeguarding Policy.

We should be honest with pupils/students about confidentiality. We should let them know this and discuss with them that it might be necessary to pass the information on:

- 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 letting them know. Ideally, we should receive their consent, though there are certain situations when information must always be shared with another staff member and/or a parent/carer. This would always include pupils/students up to the age of 16 who are in danger of harm. If acting to safeguard a pupil/student against harm or look out for their welfare it is imperative to share any information you deem important.

In many cases, the parent/carers should be informed, and pupils may choose to tell their parent/carers themselves. If this is the case, depending upon severity and immediacy of risk, 24 hours should be given to share this information before the school contacts the parent/carers. We should always give pupils the option of the school informing the parent/carers for them or with them. If a child gives us reason to believe that there may be underlying child protection issues, parent/carers should not be informed, but the DSL must be notified immediately.

## **Working with Parents/Carers**

Where it is deemed appropriate to inform parent/carers, we need to be sensitive in our approach. It can be shocking and upsetting for parent/carers to learn of their child's issues and many may respond with anger, fear or upset. We should therefore give the parent/carers time to reflect. We should always highlight further sources of information as parents/carers will often find it hard to take in much of the news that we are sharing. We should always provide clear means of how contact can be made with the school regarding further questions and the school should consider booking in a follow up meeting right away as parents/carers may have many questions as they process the information.

In order to support all parent/carers of children Priddy & St. Lawrence's CE Primary Federation we will:

- Update our school resources to provide information about common mental health issues
- Ensure all parent/carers know who to talk to if they have any concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parent/carers
- Keep parent/carers informed about the topics their children are learning about in PSHE

## **Supporting Peers**

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. 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 might need additional support. It is important to consider:

- What friends should and should not be told
- How friends can support
- Things friends should avoid doing or saying
- Warning signs to look out for
- How friends can access further support for themselves from the school
- Healthy ways of coping with the difficult emotions they may be facing

### **Training**

All staff will receive regular training or guidance about recognising and responding to mental health issues as part of the regular child protection training. For those staff members who require more in depth knowledge additional CPD will be suggested and provided. Where the need to provide some becomes apparent, we will host twilight training sessions for all staff to promote learning and understanding about specific issues related to mental health.

### **Signposting**

We will ensure that staff, pupils and parent/carers are aware of sources of support within school and in the local community, who it is aimed at and how to access it is outlined in Appendix B.

We will display relevant sources of support in communal areas such as staff rooms and on our school website. We 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 pupils seeking help by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

### **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 the PSHE curriculum. The specific content of lessons will be determined by the specific needs of the cohort being taught 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 teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

### **Policy Review**

This policy will be reviewed every two years as a minimum.

Effectiveness of the policy will be assessed through:

- feedback from staff, pupils and parents
- Review of the policy by SLT and governors to determine if objectives have been met and to identify barriers and enablers to ongoing policy implementation.

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

### Prevalence of Mental Health and Emotional Wellbeing Issues

§ 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.

§ Between 1 in every 12 and 1 in 15 children and young people deliberately selfharm.

§ 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 mental 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.

Support on many mental health issues can be accessed via Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities)

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

### 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 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](http://www.anxietyuk.org.uk)

Source: [Young Minds](#)

### 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](http://www.depressionalliance.org/information/what-depression)

### **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](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eatingdifficulties-in-younger-children](http://www.inourhands.com/eatingdifficulties-in-younger-children)

### 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](http://www.ocduk.org/ocd)

### 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](http://www.selfharm.co.uk)

National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk)

### 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 apparently out of the blue.

**Online support**

Prevention of young suicide UK – POPYRUS: [www.papyrus-uk.org](http://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/](http://www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/)

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

### School Based Support

- **Referral to CAMHS (Child and Mental Health Service).** Suitable for all pupils in primary and secondary schools. Access is via a referral from the school with permission and consent from the parents. The HT/DHT/SENCO is able to make a referral and discuss the process with the pupil and parents. Meetings and support can be organised in school time, having access to a room and review meetings planned as appropriate. This is suitable for a range of family experiences and can include family therapy and play therapy together with counselling support.
- **Referral to the Parent Family Support Advisor (PFSA).** HT/DHT or SENCO talk together and discuss concerns with PFSA. With consent from the parents, the pupil is able to speak with the PFSA. The PFSA is not a trained counsellor but is able to give support on accessing relevant services, supporting with parenting and or emotion coaching.
- **Referral to the Early Help Team.** A Referral form is completed. This can be carried out by the HT, DHT or SENCO in consultation and with parental consent. Meetings can take place on the school site with parents fully involved. Several meetings take place with a review session to discuss the next steps. This is available to pupils in primary schools and can include support on Transition, managing change and issues around anxiety associated with bereavement and separation.
- **In school, members of the Senior Leadership Team are available to support pupils experiencing short term issues.** However, SLT are not trained counsellors and may need to sign post to other agencies for more, long term support. Staff can support with managing behaviour and developing behaviour that fully supports learning. With more challenging behaviour, the school can refer to the TBAP Team with regards to behaviour issues or the Educational Psychologist if relating to lack of progress with learning. For information about different intervention support available in school, please see the SCHOOL SEN OFFER on the website.

## Appendix C: Making a CAMHS referral.

### **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 pupil 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.

**Note: In some NHS Trusts the local CAMHS teams are based on the geographic location of the GP the child is registered at, not their home or school borough.**

#### General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil'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 parent/carer responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

#### Detailed Information

- Emotional and mental wellbeing state/presentation – e.g. current presentation's impact upon: emotional wellbeing, socialising, behaviour, academia and general functioning
- How long the worry/concern has been present and when was it first noticed
- Child's current mental state; mood, appetite, sleep and concentration
- Interventions and support already tried or in place already (e.g. school pastoral support to include behavioural support, other agencies/services involved to include Children's Services and Early Help)
- Detailed risks to self or others

#### 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.

#### Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- 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 pupil'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?