

# Mental Health and Wellbeing Policy

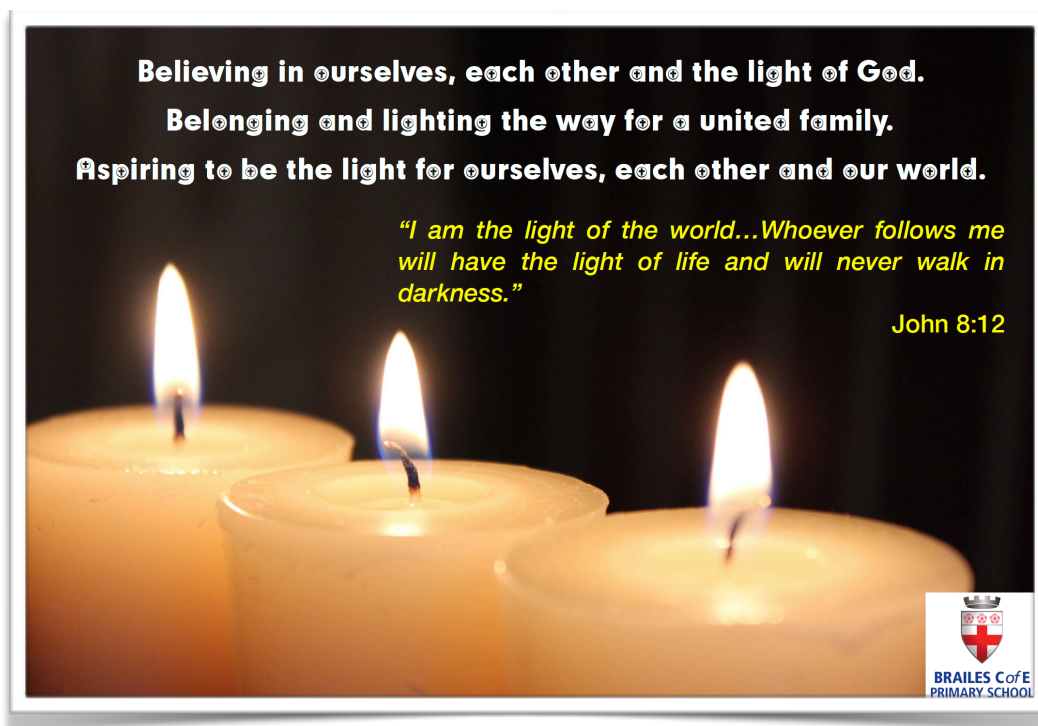


Brailes C of E Primary School

## 1. 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)*

- 1.1 Believing in ourselves, each other and the light of God. Belonging and lighting the way for a united family. Aspiring to be the light for ourselves, each other and our world. This is our Christian school vision at Brailes CE Primary School which together with our core Christian Values of trust, respect, forgiveness, peace and courage shapes everything we do in our school community; very single one of us made in the image of God without exception or exclusion.



- 1.2 Our school aims to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches to support vulnerable pupils and families.
- 1.3 In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

## 2. SCOPE

- 2.1 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.

2.2 This policy should be read in conjunction with our medical policy in cases where a pupil's mental health and wellbeing overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

2.3 The policy aims to:

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

### **3. LEAD MEMBERS OF STAFF**

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

- Christian Hilton - Executive Headteacher, Designated Safeguarding Lead (DSL) and CPD Lead.  
Heather Childs - Associate Headteacher, Designated Safeguarding Lead (DSL), Mental Health and Emotional Wellbeing Lead, PSHE Lead and First Aid Lead.
- Vicki Salmon - SENCO, Designated Safeguarding Lead (DSL), Pastoral Lead.

3.2 Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Pastoral or Mental Health Lead in the first instance. 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 Lead. If the pupil 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.

3.3 Where a referral to CAMHS (Child and Adolescent Mental Health Service) is appropriate, this will be led and managed by Vicki Salmon as SENCO and Pastoral Lead.

### **4. INDIVIDUAL CARE PLANS**

4.1 It is helpful to draw up an individual care plan for pupils causing concern or who receives 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.
- Medication and any side effects.
- What to do, and who to contact in an emergency.
- The role the school can play.

## **5. TEACHING ABOUT MENTAL HEALTH AND WELLBEING**

- 5.1 The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.
- 5.2 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.
- 5.3 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.

## **6. SIGNPOSTING**

- 6.1 We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.
- 6.2 We will display relevant sources of support in communal areas 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 pupil help-seeking by ensuring pupils and families understand:
- What help is available.
  - Who it is aimed at.
  - How to access it.
  - Why to access it.
  - What is likely to happen next.

## **7. WARNING SIGNS**

- 7.1 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 staff observing any of these warning signs should communicate their concerns with Heather Childs, our Mental Health and Emotional Wellbeing Lead.
- 7.2 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.

## **8. MANAGING DISCLOSURES**

- 8.1 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.
- 8.2 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.
- 8.3 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?'.
- 8.4 All disclosures should be recorded in writing on the usual green form for logging a concern about a child's safety and welfare.

## **9. CONFIDENTIALITY**

- 9.1 We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on, then we should discuss with the pupil:
- Who we are going to talk to.
  - What we are going to tell them.
  - Why we need to tell them.
- 9.2 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, particularly if a pupil is in danger of harm.
- 9.3 It is always advisable to share disclosures with one of the DSLs - Christian Hilton, Heather Childs and Vicki Salmon. 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.
- 9.4 Parents should be informed if there are concerns about their child's mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.
- 9.5 If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but a DSL must be informed immediately, who will then make a decision in consultation with MASH as to future actions and whether to inform parents.

## **10. INFORMING PARENTS**

- 10.1 Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):
- Can the meeting happen face to face? This is preferable.
  - Where should the meeting happen? At school, at their home or somewhere neutral?
  - Who should be present? Consider parents, the pupil, other members of staff.
  - What are the aims of the meeting?
- 10.2 It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.
- 10.3 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 parents can also be helpful too e.g. parent helplines and forums.
- 10.4 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 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.

## **11. WORKING WITH ALL PARENTS**

- 11.1 Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:
- Highlight sources of information and support about common mental health issues on our school website and on social media.
  - Ensure that all parents 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.
  - Share ideas about how parents can support positive mental health in their children through our regular information evenings and newsletter articles.
  - 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.

## **12. SUPPORTING PEERS**

- 12.1 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 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).

12.2 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.

### **13. TRAINING**

13.1 As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.

13.2 We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal ([www.minded.co.uk](http://www.minded.co.uk)) provides free online training suitable for staff wishing to know more about a specific issue.

13.3 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 pupils.

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

13.5 Suggestions for individual, group or whole school CPD should be discussed with Christian Hilton, our CPD Lead who can also highlight sources of relevant training and support for individuals as needed.

### **14. POLICY REVIEW**

14.1 This policy will be reviewed every 3 years as a minimum. It is next due for review in October 2021.

14.2 Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Heather Childs, our Mental Health Lead via phone 01608 685253 or email [childs.h1@welearn365.com](mailto:childs.h1@welearn365.com).

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