Positive Mental Health and Wellbeing Policy

Date this policy was reviewed and by whom	March 2024 DSMHL: Lindsay Wood
Date of next review and by whom	March 2027 DSMHL: Lindsay Wood

Key Staff

Designated Senior Mental Health Lead (DSMHL) Designated Safeguarding Lead (DSL) team PSHE/RSHE lead	Lindsay Wood
Mental Health Governor link governor	Paul Mills
SENDCo Whole school SENDCo Preschool	Karen Sage Emma Bartle

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1. Introduction

> *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)*

The Young Minds charity reports that **one in five young adults**, and **one in ten children have** a diagnosable mental health disorder. That translates to roughly **three children in every classroom**. Mental health issues can affect a child's emotional wellbeing as well as their educational attainment.

2. Policy Statement

At Chawson First school, we are committed to promoting a positive mental health for every member of our staff and pupil. We pursue this aim using universal, whole school approaches and specialised, targeted approaches aimed at vulnerable children. We take the view that positive mental health is everybody's business and that we all have a role to play.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. 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 children affected both directly and indirectly by mental ill health.

3. Scope

This policy 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. It should be read in conjunction with the following school policies and documents;

- Safeguarding,
- First Aid and Managing Medical conditions,
- SEND,
- PSHE and RSE,
- Behaviour management,
- Anti Bullying,
- On line safety,
- Staff wellbeing,
- Staff Handbook,
- School Early Family Support Offer,
- Keeping Children Safe in Education (updated annually)
- SEN Local Offer,
- Relationships_Education_RSE_and_Health_Education DfE guidance

4. Policy aims

- Promote positive mental health and well-being in all of our staff and children
- Increase understanding and awareness of common mental health and wellbeing issues
- Alert staff to early warning signs of mental ill health
- Provide support to children with mental health issues and their parents or carers
- Provide support for staff working with children with mental health issues
- Develop resilience amongst children and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from Senior Leadership Team (SLT) that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and child welfare where everyone is aware of signs and symptoms underpinned by behaviour and welfare around school.

5. Lead Members of Staff

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

- Designated Senior Mental Health Lead (DSMHL) and Designated Safeguarding Lead (DSL) - Lindsay Wood
- Deputy Designated Safeguarding Leads (DDSL) - Nicola Peck and Karen Sage
- SENDCo - Karen Sage Preschool SENDCo – Emma Bartle
- PHSE/ RSE Lead - Lindsay Wood
- Attendance Coordinator – Emma Bartle

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the mental health lead in the first instance. If there is a concern that the child is in danger of immediate harm then the school's

child protection procedures should be followed. If the child presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting emergency services if necessary.

Pathways for Early Family Support, Mental Health and Wellbeing, SEN and Safeguarding will be used in the initial identification of the primary causes and needs of the individual child. Once these are determined the most appropriate pathway will be followed with subsequent work and monitoring being completed by the SLT lead in that area. Where a referral to specialist mental health support, such as CAMHS Cast or CAMHS, is identified as appropriate, this will be directly led and managed by Lindsay Wood the mental health lead or delegated to a member of the SLT. Guidance about referring to CAMHS is provided in Appendix A

6. Individual Support Plan

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is helpful to create an Individual Support Plan. When creating the plan it should involve the pupil, parents, and relevant professionals and identify the actions and identified support which will be given. This plan should be regularly reviewed and updated. In cases of diagnosed health issues which require medication, then a health care plan is created stating the child's condition, special requirements and precautions, medication and any side effects, what to do and who to contact in an emergency and the role of the school staff.

7. Teaching about Mental Health

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy safe are included as part of our PSHE and RSE curriculum and are incorporated throughout our school ethos and culture. Our curriculum is in line with the Relationships_Education_RSE_and_Health_Education DfE guidance. The specific content of lessons is led by the curriculum objectives although if a specific need is determined for a class or cohort, it is adapted to enable to children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others relevant to that need.

By the end of Primary School pupils should know:

- that mental wellbeing is a normal part of daily life, in the same way as physical health.
- that there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different experiences and situations.
- how to recognise and talk about their emotions, including having a varied vocabulary of words to use when talking about their own and others' feelings.
- how to judge whether what they are feeling and how they are behaving is appropriate and proportionate.
- the benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness.
- simple self-care techniques, including the importance of rest, time spent with friends and family and the benefits of hobbies and interests.
- isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support.
- that bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing.
- where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).
- it is common for people to experience mental ill health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough.

8. Managing Disclosures and Concerns

At times, a pupil may choose to tell a staff member concerns that they have about their own emotions or well-being. All staff need to know how to respond appropriately to a disclosure. All staff should respond in a calm,

supportive and non-judgemental way. Staff should listen rather than advise and their first thoughts should be of the child's emotional and physical safety rather than of exploring 'Why?'
All disclosures should be recorded on a Mental Health Record of Concern (ROC) form (Appendix A) or logged on CPOMS under the mental health category and should include:

- The date of the disclosure/ concern and the time when the record is made
- The name of the child and their class
- The name of the member of staff that the disclosure was made to and is logging it
- A summary of the main points from the conversation
- The signature of the staff member (ROC)
- The action taken either by class teacher or (DSMHL)
- An indication that the information has been or will be shared with parents/ carers

All disclosures and concerns should be shared with the DSMHL, who will store the record appropriately and offer support and advice about next steps.

8.1 Confidentiality

Staff must be honest with regards to the issue of confidentiality. They should never promise the child that they will keep this to themselves, and should inform the child:

- who they are going to talk to
- what they are going to tell them
- why it is important to tell them

Disclosures should always be shared as this helps to safeguard the staff member's own emotional wellbeing, it ensures continuity of care during any time of staff absence; and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

8.2 Informing Parents or Carers

Parents will usually be informed if a child makes a disclosure and staff need to have a sensitive approach when sharing this with parents or carers. It can be upsetting for parents to learn of their child's issues and staff should give the parent or carer time to reflect. Prior to informing the parent or carer the school will consider the following 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 in exceptional circumstances, somewhere neutral?
- Who should be present? Consider parents, the child, other members of staff.
- What are the aims of the meeting?

A brief record of the meeting should be kept to give a summary of the discussion and any agreed actions and next steps. These will be used to support any future concerns or inform the creation of a support plan. Staff should always highlight further sources and or information where possible to offer support to the parent (e.g. websites and helplines, the mental health practitioner) and they should be clear that they can contact the school at any time with further questions or to book a follow-up meeting. A box on the initial mental health ROC will be ticked and dated when information has been shared or an action added to the original CPOMS log.

Should a child give staff reason to believe that there may be underlying child protection issues, parents may not be informed and the DSL or DDSL should be informed immediately so that any actions and or referrals can be made.

9. Working with parents or carers and the school community

At Chawson we recognise that family plays an important role in influencing children and young people's emotional health and wellbeing and that parents are often welcoming of support and information about how to support their children's emotional and mental health and behaviours.

We will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Promoting an 'open door' ethos and culture of the school for parents to contact and discuss concerns or issues at a time to suit them.
- Ensuring that all parents are aware of who to talk to if they have any concerns about their child's mental health and wellbeing.
- Highlight sources of information and support about common mental health issues through our website, social media page, email and fortnightly newsletters.
- Making the school positive mental health and wellbeing policy easily accessible to parents and carers.
- Keeping parents informed about the topics that children are learning about in school through homework and topic letters.
- Hold monthly informal drop in sessions where parents can share and discuss issues and if needed book a more formal/ private meeting.
- Carry out parent workshops/information sessions to raise awareness of methods to support mental health and well-being and issues associated with them.

10. Working with children

When a child 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, for example, 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 with the child 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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

11. Signposting

We will ensure that staff, children and parents are aware of the school support pathway, 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 B.

We will display relevant sources of support in communal areas such as the office and photocopying areas, the staffroom, coat pegs and toilets and will regularly highlight sources of support to the children within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of children help-seeking by ensuring they understand:

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

These will also be shared through the school website, social media page and newsletter.

12. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding and child protection training in line with Keeping Children Safe in Education.

All members of school staff could become aware of changes in behaviour which may indicate a child is experiencing mental health or emotional wellbeing issues.

These changes may include:

- 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 and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Avoiding PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

The DSMHL will have completed professional Mental Health First Aid training or equivalent and will attend Worcestershire Mental Health network meetings throughout each academic year. Updates and relevant information will be shared as necessary with all staff including references to online and face to face courses which they may wish to access.

Any staff who require more in-depth knowledge for their job role will be considered as part of our performance management process and additional CPD and training opportunities will be supported throughout the year where it becomes appropriate.

Should a specific need be identified we will use staff meetings and or twilight training sessions for all staff, to promote learning or understanding about the issues related to mental health throughout the year and as appropriate. Any suggestions for individual, group or whole school CPD will be discussed by the Senior Leadership Team (SLT) who will organise and action this training.

This policy will be provided to all staff as part of their induction and there after shared with all staff and Governors following each review or update.

13. Policy Review

This policy will be reviewed every three years as a minimum. The next review date is **March 2027.**

In addition, the policy will be reviewed and updated when necessary to reflect any school, local and national changes. This is the responsibility of the DSMHL.

Appendix A: Mental Health Record of Concern

Mental Health Record of Concern

Today's Date: …… Date of disclosure/concern: …… Time: ……

Member of staff making this log: ……

Child's Full Name: ……

Class/Yr group: ……

Details of disclosure/ concern:

Signed: …… Date:

Action taken:

Information shared with:……(parent/carer) by …… Date: …… ☐

Feedback given to staff member reporting: ☐ Date: ……

DSMHL: ……

Have there been other concerns about this child before? Safeguarding SEN Attendance

Appendix B:

POSITIVE MENTAL HEALTH SCHOOL SUPPORT PATHWAY

Tier 1 Provision Whole school Universal

PREVENTION
This is whole school universal provision that all children receive through classroom teaching of the national curriculum along with the school ethos and culture including promoting strong articulation, attitude and behaviour. Children and staff complete a range of activities which promote knowledge and understanding of positive mental health and wellbeing and teaches how to identify when positive mental health is dropping and a range of strategies to help manage emotions and regain good mental health and wellbeing.
People involved: Children, Teaching staff, Designated Senior Mental Health Lead, parents

- PHSE and RSE curriculum
- Enrichment activities including outdoor learning
- Weekly wellbeing activities
- Themed and celebration assemblies
- Behaviour reward systems
- Trusted adults to speak to (time to talk)
- Worry boxes
- Positive mental health and coping strategy posters
- Child's Voice activities – Surveys, pupil interviews, school council
- Coffee and chat monthly drop in sessions with Mrs Wood Designated Senior Mental Health Lead (DSMHL) and DSL
- Parental workshops and learn with your child activities
- Staff have Mental Health First Aid training.
- Staff mental health training

Tier 2 Provision Intervention

INTERVENTION
This is the stage of early detection, identification of difficulties and responding with actions and strategies to support mental health, social and emotional. Support at this level is targeted towards a small group or individual child and is time limited to a set number of weeks (typically 6-10). Assessments are recorded to reflect the changes made from the provision.
Additional People involved: Teaching staff, Designated Senior Mental Health Lead, SLT, Mental Health Practitioner, School nurse, SEND services

- Referral to mental health or safeguarding staff - DSMHL and DSL
- Parent informed of support being given
- Group intervention sessions – e.g. grounding/ coping skills, social stories, emotional regulation, social skills, emotional scaling activities
- Classroom record charts, further classroom strategies
- Worry monsters
- Peer Mentors
- Resource signposting for parents to use at home
- SEND input
- Wellbeing and mental health practitioner sessions

Tier 3 Provision Further Intervention

FURTHER ENHANCED INTERVENTION
This is the stage of intervention where initial short-term action and provision have been given but the impact has not been great enough to address the difficulties. Further, longer term support is needed with greater targeted individual support from additional specialist services.
Additional People Involved: - Designated Senior Mental Health Lead, SLT, Mental Health Practitioner, School nurse, SEND services, Educational Psychologist, NHS Programme – Reach for Wellbeing Service

- School early help support - Meetings with teachers, parents and Mrs Wood to identify triggers, areas of need and next steps for support
- Individual support plan created
- Individual work with Mental Health and Wellbeing Practitioner.
- Mentoring
- Referral to Resilient Minds
- Regular scheduled appointments with the School Nurse
- Referral to NHS Reach-4-Wellbeing referral for group CBT based work

Tier 4 Provision Intensive Specialist Intervention

INTENSIVE SPECIALIST INTERVENTION
This is the stage when it is identified that the child has more complex mental health needs which require a higher level of specialist support than school is able to offer alone. It involves greater collaboration between family and specialist services.
People Involved: - Children's Social Services, CAMHS, CAMHS Cast, Clinical Psychologist

- Referral to Social Services, CAMHS, CAMHS Cast, Clinical Psychologist, Educational Psychologist
- Therapeutic, trauma focused interventions
- Individual plan, family plan
- Frequent review meetings
- Crisis support
- Medical care

Appendix C: Guidance about 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.

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 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 parental 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?

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?

Appendix D: Local area and Community Support Sources

The **Starting Well Partnership** offers a range of health services which support both children and families experiencing a range of health issues.

Worcestershire Health Visiting Service | Starting Well (startingwellworcs.nhs.uk)
If your child is under 5 years old and you need advice on issues such as feeding, behaviour, or toileting you can contact the **Telephone Advisory Service** on 0300 123 9551 (Monday – Friday 9am til 3pm). A Health Visitor will assist you over the phone with any worries, concerns, or questions you have.

School Health Nursing | Starting Well (startingwellworcs.nhs.uk)
School health nurses offer a range of services such as home visits, health needs assessments, time4u drop-in service, school aged hearing and national child measurement programme to support the needs of children and their families.

Text service supporting young people | Starting Well (startingwellworcs.nhs.uk)
Chat health is a free and confidential text service for young people in need of advice or support
To confidentially contact your school nurse, text: 07507331750

Social Prescribing: Onside Advocacy, Worcestershire (onside-advocacy.org.uk)
Social Prescribers support you to take control of your health and look after yourself by making connections with the different types of community support available.

CAMHS | Herefordshire and Worcestershire Health and Care NHS Trust (hacw.nhs.uk)
CAMHS provides mental health help to children, young people and their families across Herefordshire and Worcestershire
Home - Kooth
Kooth is an online mental wellbeing community which offers free, safe, and anonymous support.

Reach 4 Wellbeing | Herefordshire and Worcestershire Health and Care NHS Trust (hacw.nhs.uk)
The **Reach4Wellbeing** team promotes positive wellbeing to reduce the stigma of mental health by providing short-term group programmes for children and young people age 5-18 experiencing mild to moderate anxiety and low mood.

Papyrus UK Suicide Prevention | Prevention of Young Suicide (papyrus-uk.org)
Papyrus can offer suicide prevent support providing free and confidential helplines, advice, webchats, and resources.

Home | Healthy Minds (whct.nhs.uk)
Healthy Minds' 24/7 mental health helpline provides support or advice if you, or someone you know, is experiencing a mental health crisis and needs urgent help. Its available 24 hours a day to anyone in Herefordshire and Worcestershire.

Winston's Wish - giving hope to grieving children (winstonswish.org)
Winston's Wish provide support for children and young people following the death of a sibling, parent, or a person important to a child.

Sexual Health Know Your Stuff | Sexual health | Worcestershire County Council
Worcestershire Integrated Sexual Health Service (WISH) | Herefordshire and Worcestershire Health and Care NHS Trust (hacw.nhs.uk)

WISH offer friendly and non-judgemental specialist services to support with information and advice, contraception, pregnancy, STIs and screening.

Under 21 Saturday Service - Clinic telephone lines are open between 10:00am – 12:30pm on Saturdays - Please call: 01905 681673 for further details.

Young People have a telephone consultation and are asked questions about their relationships. Callers will be advised what to do next and directed towards a clinic if necessary.

WISH have a dedicated Outreach nursing service. Referral forms can be found at www.knowyourstuff.nhs.uk. The Outreach team see young and vulnerable people who couldn't otherwise access sexual health services.
Free STI test kits and contraception: SH:24 Free Home STI STD Test | Sexual & Reproductive Health (sh24.org.uk)

Staff training
https://www.minded.org.uk/