January 2020

Mental Health and Wellbeing Policy

Adopted by Governors:	4th February 2020
Signed	 Fiona Boulton, Chair of Governors
For review:	January 2023

The School is committed to safeguarding and promoting the welfare of children and expects all staff and volunteers to share this commitment.

BALDWINS GATE CE PRIMARY SCHOOL

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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.)

In our school our Christian vision shapes all we do.

Our motto:
Everyone learning together in faith, truth and love.

Our vision statement:
Baldwins Gate Primary School is a Christian school where children, inspired by our Christian values, learn together to be the best that they can be.

Through respect, tolerance and kindness they learn that they are unique and valued and to celebrate the value and uniqueness of others.

> [4] *Love is patient, love is kind.*
> [7] *It always protects, always trusts, always perseveres.*
>
> **Corinthians 13**

Our Christian values:

- Faith
- Compassion
- Community, Fellowship and Friendship
- Love
- Forgiveness
- Humility and Peace
- Integrity and Honesty

At Baldwins Gate we recognise the importance of each child and member of staff having a voice and someone to listen to that voice.

We aim to foster a sense of community within our school and use a house system and a buddy system to foster community and confidence in friendship and relationships. Our house system is used for Family Fridays, assemblies and family golden time. Through confident communication we aim that no-one should feel alone and isolated.

Having a voice and someone to listen is the focus of an assembly each term and PHSE curriculum areas reinforce this.

Support is given to pupils experiencing difficult times and all pupils are encouraged to talk to someone to share worries and problems.

Reflection, quiet times and techniques to promote calm are used in all classrooms.

Active lessons and use of the outdoors promote health and wellbeing. Play is promoted to enhance wellbeing

We aim 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 aimed at vulnerable pupils.

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.

Scope
This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our medical policy in cases where a 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.

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

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

Mrs C Lowe	Designated Child Protection / Safeguarding Officer
Miss S Gardner	Mental Health and Emotional Wellbeing Lead
Mr J Smith	Lead First Aider
Mrs C Lowe	Pastoral Lead
Mrs C Lowe	CPD Lead
Mrs C Lowe	Head of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the 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 Child Protection Office staff or the head teacher. 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.

Where a referral to CAMHS is appropriate, this will be led and managed by Miss S Gardner, Mental Health Lead.

Individual Care Plans
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

Teaching about Mental Health and Wellbeing
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.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.
We will follow the PSHE Association Guidance[1]to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

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 staff observing any of these warning signs should communicate their concerns with Miss S Gardner, our Mental Health and Emotional Wellbeing Lead.

Possible warning signs include:
- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits

[1] Teacher Guidance: Preparing to teach about mental health and emotional wellbeing URL= https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and (accessed 02.02.2018)

- 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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures
A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.
If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

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

This information should be shared with the mental health lead, Miss S Gardner, who will provide store the record appropriately and offer support and advice about next steps.

Confidentiality
We should be honest with regards to the issue of confidentiality. If we 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

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.
It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead, Miss S Gardner, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should be informed if there are concerns about their 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.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the child protection officer, Mrs C Lowe, must be informed immediately.

Working with Parents
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?

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.

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.

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.

Working with All Parents
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
- 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
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers
When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the pupil who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

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

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.[2]

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.

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.
Suggestions for individual, group or whole school CPD should be discussed with Mrs C Lowe, our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

Policy Review
This policy will be reviewed every 3 years as a minimum. It is next due for review in January 2023.

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 Miss S Gardner, our mental health lead via the school office.

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

Appendix
The attached appendix contains information regarding:

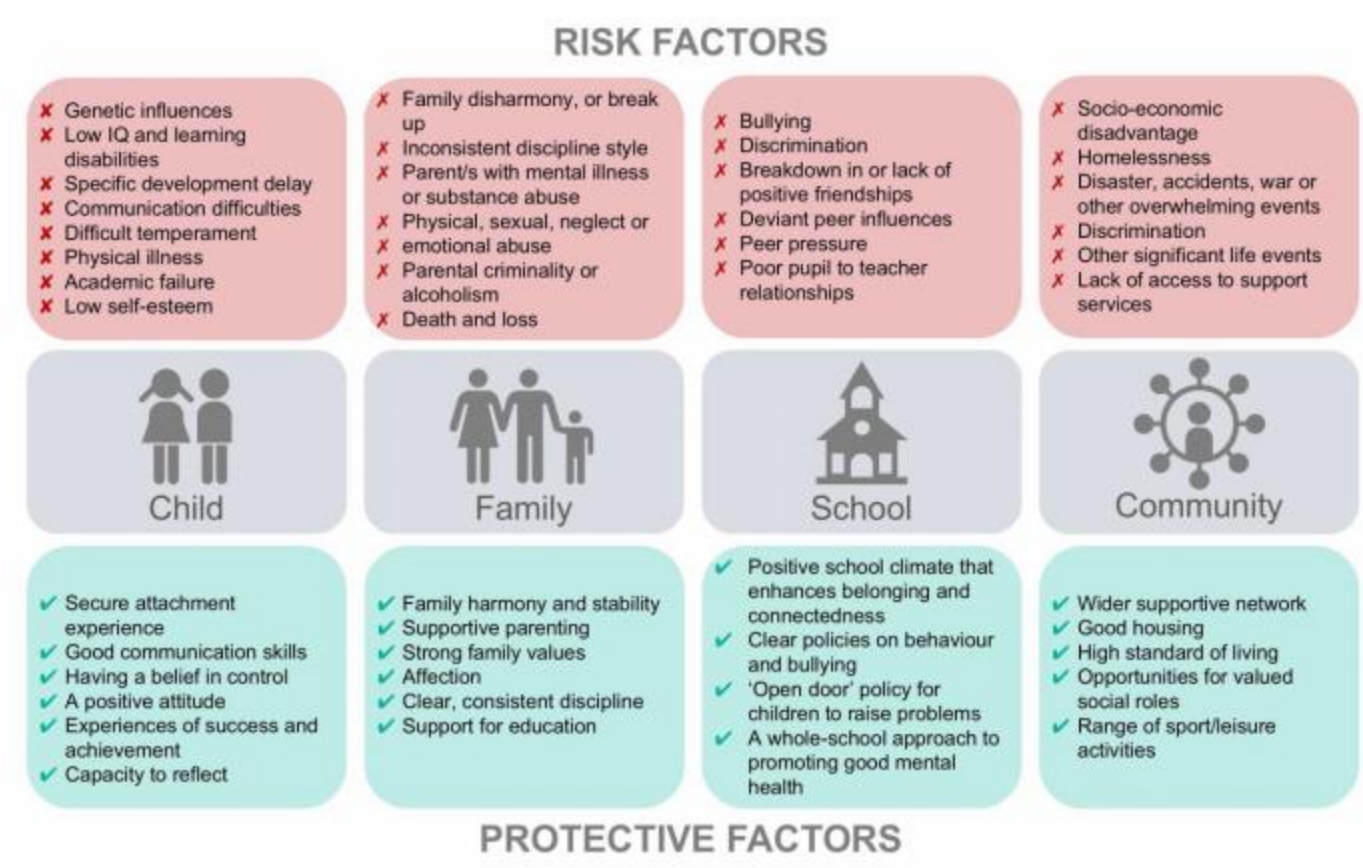
- Risk and Protective Factors for Children and Young People's Mental Health
- Common mental health disorders
- The Resilience Framework

[2] www.minded.org.uk [accessed 02/02/18].

Appendix

Contents:

Risk and Protective Factors for Children and Young People's Mental Health [14]



Common mental health disorders

The Office for National Statistics' mental health of children and young people survey 2004 offers the following categories of common mental health disorders: [15]

Emotional disorders

- **Separation anxiety**
  Concerns about: separation from an attachment figure, for example, because of loss of or harm to that person or the child being taken away; not wanting to go to school; being afraid of sleeping or being at home alone. The child may feel sick, anxious or have nightmares about the possibility of separation.

- **Specific phobia**
  Characterised by: excessive fears about particular objects or situations, for example: animals, storms, the dark, loud noises, blood, infections or injuries, dentists or doctors, vomiting, choking or diseases, types of transport, enclosed spaces, toilets, people who look unusual, monsters, etc. The child becomes very upset each time the stimulus is triggered and tries to avoid such situations.

- **Social phobia**
  Includes anxiety about: meeting new or large groups of people, eating, reading or writing in front of others, speaking in class. The child may be able to socialise with familiar people in small numbers but is frightened of interacting with other adults or children. The anxiety is typically due to fear of embarrassment. The child becomes distressed (for example, blushes or feels sick) and tries to avoid such social situations.

- **Generalised anxiety**
  The child worries about a wide range of past, present or future events and situations, for example: past behaviour, school work and exams, disasters and accidents, his/her own health, weight or appearance, bad things happening to others, the future, making and keeping friends, death and dying, being bullied and teased. The anxiety is accompanied by physical symptoms such as restlessness, fatigue, poor concentration, irritability, muscular tension or insomnia.

- **Depression**
  Characterised by feelings of sadness, irritability and loss of interest which last for most of the day and persist over a period of time. Associated features may be: tiredness, changed appetite, weight loss or gain, insomnia, hypersomnia, agitation, feelings of worthlessness or guilt, poor concentration, thoughts of death, recent talk or experience of deliberate selfharm.

Conduct disorders

- **Oppositional defiant disorder**
  Characterised by: temper outbursts, arguing with adults, disobedience, deliberately annoying others, passing on blame, being easily annoyed, angry, resentful, spiteful and vindictive. The behaviour is likely to have caused complaints from parents and teachers.

- **Unsocialised conduct and socialised conduct disorders**
  Typical behaviour includes: telling lies, fighting, bullying, staying out late, running away from home, playing truant, being cruel to people or animals, criminal behaviour such as robbery, rape, using weapons. This type of behaviour would often have resulted in complaints from school staff or contact with the police. Socialised conduct disorders are where the young person has friends (though usually antisocial friends). They may engage in antisocial behaviours such as shoplifting or stealing cars together. In unsocialised conduct disorder, the young person lacks any real friends and typically engages in solitary antisocial activities. These are the opposite ends of a spectrum, so dividing conduct disorder into these two categories is somewhat arbitrary.

Hyperkinetic disorders
The child is hyperactive (for example, fidgeting, running around, climbing on furniture, always making a lot of noise), impulsive (for example, blurts out answers, cannot wait his/her turn, butts into conversations or games, cannot stop talking) and inattentive (for example, cannot concentrate on a task, makes careless mistakes, loses interest, does not listen, is disorganised, forgetful and easily distracted). The child's teachers are likely to have complained about his/her overactivity, impulsiveness and poor attention.

Eating disorders
Children with eating disorders are excessively concerned with their eating habits, weight and shape. For example, they may perceive themselves as too fat even though they are thin, they may be ashamed of, or feel guilty about eating or engage in binge eating followed by fasting. Measures to control eating may involve excessive dieting, hiding food, vomiting, taking pills to aid weight.

Less common disorders

- **Tic disorders including Tourette's syndrome**
  This disorder covers motor and vocal tics. The former include: eye blinking, squinting, eye rolling, nose twitching, head nodding, screwing up face, shoulder shrugging, jerking of arm or leg. Vocal tics include; throat clearing, excessive sniffing, coughing, squeaking, sucking noises, word repetition.

- **Selective mutism**
  Characterised by a failure to speak in certain circumstances although the child is able to converse normally in other situations.

- **Schizophrenia**
  Schizophrenia represents a major psychiatric disorder characterised by psychotic symptoms that alter the child's perception, thoughts, mood and behaviour. It is rare in children and young people, the prevalence increases from age 14 onwards.

Children with multiple disorders
In 2004 one in five of children with a disorder were diagnosed with more than one of the main categories of mental disorder (emotional, conduct, hyperkinetic or less common disorders). This represented 1.9 of all children.16 The most common combinations were conduct and emotional disorder, and conduct and hyperkinetic disorder.

Suicide

Suicide is a complex issue, usually with no single cause, and it is therefore not possible to generalise. However, there is some evidence to suggest that people who have previously experienced bereavement or undergone a personal crisis, people with mental health problems, and people in marginal groups may be more vulnerable.

In the UK, suicide is the leading cause of death in young people, accounting for 14 per cent of deaths in 10-19 year olds. [17] It is rarely caused by one thing and usually follows a combination of previous vulnerability and recent events. The stresses identified before suicide are common in young people and most come through them without serious harm. Important themes for suicide prevention are support for or management of family factors (e.g. mental illness, physical illness, or substance misuse), childhood abuse, bullying, physical health, social isolation, mental ill-health and alcohol or drug misuse.

Those affected by suicide are themselves at increased risk of serious upset and may potentially be at greater risk of taking their own life. School staff should be asked to identify any young people who are vulnerable, and efforts should be made to provide additional support or referral to specialist services without delay. [18]

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[16] Office for National Statistics, Mental Health of Children and Young People in Great Britain 2004, p. 212.

[17] National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), Suicide by children and young people (University of Manchester, 2017), p. 4, available at www.hqip.org.uk/public/cms/253/625/19/870/CYP%20report%20FINAL.pdf?realName=8iQSvI.pdf&v=0 [accessed 08/02/18].

[18] The Samaritans have a helpful step by step guide for schools – Samaritans, Help when we needed it most: How to prepare for a respond to a suspected suicide in schools and colleges (Samaritans, 2016), available at www.samaritans.org/sites/default/files/kcfinder/files/HWWNIM_Feb17_Final_web.pdf [accessed 13/03/18].

The Resilience Framework

THE CHURCH OF ENGLAND EDUCATION OFFICE

MENTAL HEALTH AND WELLBEING
Advice for schools and SIAMS inspectors

	BASICS	BELONGING	LEARNING	COPING	CORE SELF
SPECIFIC APPROACHES	Good enough housing	Find somewhere for the child/young person to belong	Make school/college life work as well as possible	Understanding boundaries and keeping within them	Instill a sense of hope
	Enough money to live	Help child/young person understand their place in the world			
	Being safe	Tap into good influences	Engage mentors for children/young people	Being brave	Support the child/young person to understand other people's feelings
	Access and transport	Keep relationships going		Solving problems	
		The more healthy relationships the better	Map out career or life plan	Putting on rose-tinted glasses	Help the child/young person to know him/herself
	Healthy diet	Take what you can from relationships where there is some hope		Fostering their interests	
	Exercise and fresh air	Get together people the child/young person can count on	Help the child/young person to organise him/herself	Calming down and self-soothing	Help the child/young person take responsibility for her/himself
		Responsibilities and obligations			
	Enough sleep	Focus on good times and places		Remember tomorrow is another day	Foster their talents
	Play and Leisure	Make sense of where the child/young person has come from	Highlight achievements		
	Being free from predjudice and discrimination	Predict a good experience of someone or something new	Develop life skills	Lean on others when necessary	There are tried and tested treatments for specific problems, use them
		Make friends and mix with other children/young people		Have a laugh	
GUIDING PRINCIPLES					
ACCEPTING		CONSERVING	COMMITMENT	ENLISTING	

Resilience Framework (Children and Young People) October 2015 – adapted by Boingboing from the chart in Angie Hart, Derek Blincow & Helen Thomas's 2007 book called Resilient Therapy: Working with Children and Families. This chart is published in full at www.boingboing.org.uk/resilience/resilient-therapy-resilience-framework/