



EMERSON VALLEY SCHOOL

MENTAL HEALTH AND

WELLBEING POLICY

VERSION

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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 his or her community.” (World Health Organisation).

At our school, we aim to promote positive mental health for every member of our staff and pupil. 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, 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 pupils affected both directly and indirectly by mental ill health.

At Emerson Valley School we consider mental health and wellbeing is not just the absence of mental health problems but we want all children/young people to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

2 AIM OF THE POLICY

This policy aims to:

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

3 STAFF ROLES AND RESPONSIBILITIES

We believe that all staff have a responsibility to promote positive mental health and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need. Whilst all staff have a responsibility to promote the mental health of pupils, staff with a specific, relevant remit include:

- Hayley White – Designated Safeguarding Lead
- Kim Dallas – Designated Safeguarding Governor

- Amanda Protheroe – Designated Mental Health & Wellbeing Lead
- Ifrah Siddiqui – Designated Mental Health & Wellbeing Governor
- Denise Lawrence – First Aid Lead
- Jacqui Avola – Pastoral lead
- Regina Roche – Head of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a child or young person should speak to the Designated Safeguarding Lead or Mental Health and Wellbeing Lead in the first instance. If there is a fear that the child or young person is in danger of immediate harm then the normal child protection procedures will be followed within school. 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.

4 LINKS TO OTHER POLICIES

This policy links to our policies on Safeguarding, Medical Needs, Anti-Bullying, SEND and Equalities. Links with the School's Behaviour Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

5 SUPPORTING CHILDREN'S POSITIVE MENTAL HEALTH

5.1 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 our developmental PSHE curriculum. We use the Jigsaw approach to teaching PSHE which follows the PSHE Association Guidance to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms.

5.2 Supporting children's positive mental health

We believe the School has a key role in promoting children's positive mental health and helping to prevent mental health problems. Our School has developed a range of strategies and approaches including:

Pupil-led activities

- Young Leaders – older children are trained to run sports activities for the younger children during lunch break.

Transition programmes

- Transition Programme to secondary schools which includes all Year 6 visiting their new schools and those who need it having extra visits.
- Transition Programme for our new Year 3's entering the school which includes a timetable of various visits to our school.

Class Activities

- Daily Wellbeing Scale within each class

- PSHE Programme – Jigsaw
- Other PSHE activities designed to help positive mental health and wellbeing e.g. Anti-bullying Week

Whole School

- World Mental Health Day
- World Mental Health Day
- Staff health leaflet and copy on display in the staffroom
- Bi annual Childline assemblies and workshops with Year 5 and 6

Small Group and Individual Activities

- Learning Mentors
- Nurture Groups
- Lego Therapy/Social Time

5.3 Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help. Our Senior Learning Mentor is a qualified 'mental health first aider' and our Mental Health and Wellbeing Lead has completed a 2 day developmental course for school mental health leads run by the Carnegie School of Education linked to Leeds Beckett University.

The Mental Health and Wellbeing Lead will signpost information for staff wishing to learn more about mental health.

Training opportunities for staff requiring more in-depth knowledge will be considered as part of the school's performance management process and additional CPD will be supported throughout the year where it becomes appropriate. Where the need to do so becomes evident, the school will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

6 IDENTIFYING, REFERRING AND SUPPORTING CHILDREN WITH MENTAL HEALTH NEEDS

6.1 Warning signs

There are often warning signs which indicate a child or young person is experiencing mental health or emotional well-being issues. These warning signs are taken seriously and staff observing any of them should communicate their concerns with the Executive Headteacher or safeguarding team. While not exhaustive, the list below details possible warning signs as follows:

Primary pupils

- Unusual play (in playground)
- Unusual drawings (in class)

- Tendency to isolate themselves
- Compulsive lying
- Attention seeking
- Pulling hair out (self-harm)
- Hurting other children
- No empathy
- Anxiety
- Hiding inside clothes (making self invisible)
- Loud and disruptive
- Hiding lunch
- Over/under eating
- Soiling

6.2 Individual care plans

On occasions, it might be helpful to draw up an individual care plan for pupils causing concern or pupils who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This might 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

6.3 Managing disclosures

A child or young person may choose to disclose concerns about themselves or a friend/sibling to any member of staff so all staff have been briefed/trained on how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend/sibling 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 the focus should be on the child or young person's emotional and physical safety rather than on exploring 'why?'

Appendix A gives more information about how to handle mental health disclosures sensitively.

All disclosures will be recorded on CPOMs (Child Protection Online Monitoring System) and held on the child or young person's confidential file. This record will include:

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

This information will be shared with the safeguarding team who will store the record appropriately and offer support and advice about next steps.

6.4 Confidentiality

Staff will be honest with regard to the issue of confidentiality, explaining it is necessary to pass on concerns about the child or young person. They will discuss with the child or young person:

- Who they are going to talk to
- What they are going to tell them
- Why they need to tell them

Information about a child or young person should not be shared without telling them first, however this is not always possible. Ideally their consent should be received, though there are certain situations when information must always be shared with another member of staff and/or a parent. This includes pupils up to the age of 16 who are in danger unless there is a safeguarding concern and these will be considered on an individual basis.

It is always advisable to share and discuss disclosures with a colleague. This helps to safeguard the emotional well-being of the member of staff as they are no longer solely responsible for the pupil. It also ensures continuity of care in the absence of that member of staff and provides an extra source of ideas and support. This will be explained and discussed with the pupil along with who it would be most appropriate and helpful to share this information with.

Parents and Carers will be informed if their child is at risk of danger. If it is safe to do so, we will give children the option of informing their parents and carers about their mental health needs for themselves, accompanying and supporting them to do so if they would prefer that. If this is the case, the child or young person will be given 24 hours to share this information before the school contacts parents. We will always give a child or young person the option of us informing a parent for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents will not be informed, but the Designated Safeguarding Lead will be informed immediately and the normal school procedures for safeguarding will be followed.

6.5 Supporting peers/siblings

When a child or young person is suffering from mental health issues, it can be a difficult time for their friends/siblings.

Friends/siblings often want to support but do not know how best to do it. The school will seek to support friends/siblings and will consider what is most appropriate on a case by case basis.

Support will be provided on a one-to-one basis or in a group setting and will be informed by the views of the pupil who is suffering and their parents with whom the school will discuss:

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

Additionally the school will highlight with peers/siblings:

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

7 SUPPORTING STAFF

7.1 Workload

Where possible, the workload has been minimised without impacting negatively on the children. This includes:

- Reducing planning
- Reducing assessment and data collection points to 3 times a year.
- Reducing other expectations on the curriculum leadership roles by ensuring that there is release time given.

7.2 Mental health and wellbeing

Within school, we operate an open-door policy as SLT and with the team leaders. This is in conjunction with regular feedback points from team leaders regarding staff wellbeing and any changes that could be required to support this. We also use the wellbeing scales as references and watch other members of staff for signs of low wellbeing. Some other examples include:

- A wellbeing day for all staff in which they can have a day off.
- Links to our counselling service we have access to.
- Links to the text key helpline.

8 SUPPORTING PARENTS AND CARERS

8.1 Working with parents and carers

Where it is considered appropriate to inform parents and carers of a disclosure, staff will always seek to be sensitive in approach and will consider on a case by case basis the following points:

- Should the meeting happen face to face? (This would be preferable.)
- Where should the meeting happen? At school or at their home?
- Who should be present? (parents, child or young person, other members of staff)
- What are the aims of the meeting?

The school accepts that, on learning of their child's issues, parents may be upset or surprised and may respond negatively during the first conversation. The school understands that (within reason) and will always seek to give the parent time to reflect.

As it can be difficult to 'take in' information while coming to terms with unexpected news, the school will provide parents with leaflets/information to take away in addition to highlighting sources of further support aimed specifically at parents - e.g. Parent helplines and forums.

The school will provide a contact point for parents if they have further questions and will consider booking in a follow-up meeting or phone call as parents often have many questions.

Each meeting will finish with agreed next steps and a brief record of the meeting will be kept on the child's confidential record (CPOMS).

8.2 Communicating with parents and carers

Parents and carers often welcome support and information from the school about supporting their children's emotional and mental health. In order to support parents and carers the school will:

- Highlight sources of information and support about common mental health issues on our school website.
- Ensure that all parents/carers are aware of who to talk to and how to arrange this if they have concerns about their own child or a friend of their child.
- Make our mental health policy easily accessible to parents via our school website
- Share ideas about how parents/carers can support positive mental health in their children through our regular information evenings.
- Keep parents/carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

9 SIGNPOSTING

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.

We will display relevant sources of support in communal areas such as common rooms 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 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

10 STORING AND MANAGING INFORMATION

Please refer to the whole-school Data Protection Policy for more information. This can be found on our school website.

11 REVIEWING THE POLICY

The Mental Health and Wellbeing Policy will be reviewed on a 2 yearly basis, or earlier if needed, in order to ensure that it is kept up-to-date and in line with any changes in law and legislation. The Mental Health and Wellbeing Lead and SENDCo will review this policy in conjunction with the Mental Health and Wellbeing Governor and the Headteacher.

12 BULLYING

At Emerson Valley School, we are committed to providing a caring and safe environment for all pupils. Bullying of any kind is unacceptable in our school. Please refer to the school's Anti-Bullying Policy for more information. This is available on the school website.

APPENDIX A: TALKING TO PUPILS WHEN THEY MAKE MENTAL HEALTH DISCLOSURES

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

Focus on listening

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

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

Don’t talk too much

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

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

Don’t pretend to understand

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

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

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a pupil may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

Offer support

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

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

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

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

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a pupil has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or

upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the pupil.

Never break your promises

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

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