

# Higham Ferrers Junior School

*'Be the best you can be'*



## ***MENTAL HEALTH AND WELLBEING POLICY***

<b>APPROVED:</b>	<i>JULY 2023</i>
<b>SIGNED:</b>	<i>SLT</i>
<b>TO BE REVIEWED:</b>	<i>JULY 2025</i>

## RECORD of CHANGES

Date	Update / Changes
07.21	New policy
07.23	Review and update

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## **MENTAL HEALTH POLICY**

“Be the Best you can be”

### **1. Introduction**

1.1 At our school, we aim to promote positive mental health for every member of our staff and pupils. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

### **2. Definition**

2.1 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*)

### **3. Aim**

3.1 This policy sets out our aims to:

- how we promote positive mental health
- how we support and aim to prevent mental health problems
- how we identify and support pupils with mental health needs
- how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse
- key information about some common mental health problems
- where parents, staff and pupils can get advice and support.

### **4. Links to other policies**

4.1 This policy links to our policies on Safeguarding, Inclusion, Looked After Children, Anti-Bullying, Behaviour and Discipline, Personal Social Health Education (PSHE), Sex and Relationships Education (SRE) and Special Educational Needs and Disabilities (SEND) Policy. Links with the Behaviour and Discipline Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need. We consider behaviour to be a message.

### **5. Lead Members of Staff**

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

- Mrs Victoria Bull - Headteacher
- Miss Gemma Oakenfull – Deputy Headteacher
- Mrs Claire O’Leary - Family Support Worker

Curious, Confident, Creative

- Mrs Kerrie Denton – SENDco
- Mrs Victoria Neagle – Learning Mentor
- Mrs Ilona Spencer-Smith – Wellbeing

5.2 Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a 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 or the headteacher. 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.

5.3 Where a referral to CAMHS is appropriate, this will be led and managed by Mrs Victoria Bull, Mrs Claire O'Leary or Mrs Kerrie Denton. Guidance about referring to CAMHS is provided in Appendix 3.

## **6. Promoting Positive Mental Health**

6.1 We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

6.2 This encompasses the following aspects:

1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. helping pupils to develop social relationships, support each other and seek help when they need to
3. helping pupils to be resilient learners
4. teaching pupils social and emotional skills and an awareness of mental health
5. early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services
6. effectively working with parents and carers
7. supporting and training staff to develop their skills and resilience

6.3 We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues. We aim to be a 'talking school' with an 'Open Door Policy'.

## **7. Supporting and Preventing Mental Health Problems**

7.1 We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

### **Pupil-led Activities**

- Campaign and assembly involvement to raise awareness of mental health
- Peer Mentors
- Student Council
- Wellbeing Warriors

### **Transition Support**

- Support for vulnerable children, for example, extra transition, 1-1 transition sessions, social stories
- Transition meetings with parent/carers, pupils and relevant staff
- Yearly Transition Documents and information for all children updated and passed on
- Key Adults might support secondary school visits with vulnerable pupils

### **Class Activities**

- Worry boxes
- Mindfulness

### **Whole School**

- Wellbeing Trained Teacher led sessions
- JIGSAW resources
- Anna Freud Schools in Mind resources
- Assembly/School monthly themes
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school

### **Small Group Activities**

- Small friendship, social skills groups with pastoral support
- Group mentoring sessions with Education Mentor
- Lunch Club support from Learning Mentor, Lunchtime Club Leader, Education Mentor
- ICT suite lunchtime club

### **Teaching about Mental Health and Emotional Well-being**

Through PSHE we teach the knowledge and social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health. Children learn to explore feelings through JIGSAW topics:

- Being Me in My World
- Celebrating Differences
- Dreams and Goals
- Healthy Me
- Relationships
- Changing Me

Our approach is to:

- provide a safe environment to enable pupils to express themselves and be listened to
- ensure the welfare and safety of pupils as paramount
- identify appropriate support for pupils based on their needs
- involve parents and carers when their child needs support
- involve pupils in the care and support they have
- monitor, review and evaluate the support with pupils and keep parents and carers updated

## **8. Identification and Support**

8.1 Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- identify individuals that might need support
- working with the School Office staff who are often the first point of contact with families seeking support
- induction meetings for pupils / families joining in Year 3 where necessary
- analysing behaviour, exclusions, attendance and weekly Behaviour Forms, Classroom Logs
- using My Concern to track children identified as having difficulties
- pupil surveys at the beginning and middle of the school year
- staff report concerns about individual pupils on My Concern and to the Inclusion Manager/SENDco and Designated Safeguarding Team
- worry boxes in each class for pupils to raise concerns which are checked by the class teacher
- gathering information from a previous school at transfer or transition
- parental meetings
- enabling pupils to raise concerns to class teacher and support staff
- enabling parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'

## **9. Staff Training and Support**

All staff have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see section 10) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously report on My Concern and/or talk to the SENDco/Inclusion Manager or Designated Safeguarding Team.

These signs might include:

- non-verbal behaviour
- isolation from friends and family and becoming socially withdrawn

- changes in activity or mood or eating/sleeping habits
- lowering academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope
- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather
- repeated physical pain or nausea with no evident cause

9.1 Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

9.2 If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures are followed.

### 9.3 **Verbal Disclosures by Pupils**

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff listen rather than advise. Staff are clear to pupils that the concern will be shared with the Inclusion Manager/Designated Safeguarding Team and recorded in order to provide appropriate support to the pupil.

### 9.4 **Non-Verbal Disclosures by Pupils**

Staff also recognise persistent and unusual non-verbal disclosures in behaviours.

### 9.5 **Confidentiality**

All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

### 9.6 **Assessment, Interventions and Support**

All concerns are reported via My Concern or to the Designated Safeguarding Team and recorded. We then work as a team to ensure that pupils get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

## 9.7 Referrals

In some cases a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, school refusal and other complex needs.

We make links with a range of specialist services and have regular contact with the services to review the support and consider next steps, as part of monitoring the pupils' provision.

School referrals to a specialist service will be made by the Family Support Worker/SENDco following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the parent/carer and when it is the most appropriate support for the pupil's specific needs.

## 10. Key Information on Mental Health Issues

Below, we have shared information about the issues most commonly seen in school-aged children. In Appendix 2 you will find signposts to take you to relevant pages. Some pages are primarily aimed at parents but are also a useful tool for staff too.

### 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.

### 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.


### 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 they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

### 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.

### **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.

### **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.

## **11. Staff, Parent and Pupil Support**

### **11.1 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 pupils and know what to do and where to get help (see Appendix 3).

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.

Staff training to raise awareness of Mental Health and emotional well-being topics have been accessed through staff meetings led by Mental Health First Aiders, PSHE coordinator and Wellbeing teacher.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing.

## 11.2 Parents

To support parents and carers:

- we offer meetings with our Family Support Worker and SENDco (where necessary)
- we provide information and signposting to organisations on our website on mental health issues and local wellbeing and parenting programmes.
- we offer parenting programmes through our Family Support Worker
- have an Open Door Policy.
- supporting parents and carers with children with mental health needs through sensitive and supportive regular meetings and signposting.

When a concern has been raised the school will:

- contact parents and carers and meet with them
- in most case parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.
- offer information to take away and places to seek further information
- be available for follow up calls
- make a record of the meeting
- agree an Action Plan
- discuss how the parents and carers can support their child
- keep parents and carers up to date and fully informed of decisions about the support and interventions

Parents and carers will always be informed if their child is at risk of danger. We make every effort to support parents and carers to access services where appropriate. Pupils are our primary concern, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

## 11.3 Pupils

To involve pupils we:

- we seek pupils' views and feedback about our approach and whole school mental health activities through Pupil Voice, surveys, class questions and suggestion boxes
- we have a group of Wellbeing Warriors and Peer Mentors.

## **Appendix 1**

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Specific development delay</li> <li>• Communication difficulties</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> <li>• SEND</li> </ul>	<ul style="list-style-type: none"> <li>• Being female (in younger children)</li> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• Problem solving skills and a positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
In the family	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long term relationship or the absence of severe discord</li> </ul>
In the school	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Negative peer influences</li> <li>• Peer pressure</li> <li>• Poor pupil to teacher relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> </ul>
In the Community	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>



## **Appendix 2**

For support on specific mental health needs:

Anxiety UK

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

OCD UK

[www.ocduk.org](http://www.ocduk.org)

Depression Alliance

[www.depressoinalliance.org](http://www.depressoinalliance.org)

Eating Disorders

[www.b-eat.co.uk](http://www.b-eat.co.uk)

[www.inourhands.com](http://www.inourhands.com)

National Self-Harm Network

[www.nshn.co.uk](http://www.nshn.co.uk)

Self-Harm

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

Suicidal thoughts Prevention of young suicide UK – POPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

For general information and support

[www.youngminds.org.uk](http://www.youngminds.org.uk) champions young people's mental health and wellbeing

[www.mind.org.uk](http://www.mind.org.uk) advice and support on mental health problems

[www.minded.org.uk](http://www.minded.org.uk) (e-learning)

[www.time-to-change.org.uk](http://www.time-to-change.org.uk) tackles the stigma of mental health

[www.rethink.org](http://www.rethink.org) challenges attitudes towards mental health

## **Appendix 3**

**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 the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carers' attitudes to the referral?

### **Basic information**

- Is there a child protection plan in place?
- Is there an early help offer open?
- 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 CAMHS?
- 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?