

Wanborough Mental Health and Wellbeing for Pupils Policy

January 2022

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 Organization)

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 pupils.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. 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.

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

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- 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

Lead Members of Staff

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

Mr Andy Drury
 Mental Health and Safeguarding Lead

Mrs Asha Wride SENDCo

Miss Sian Corbyn
 Mental Health Champion and PSHE Lead

Mrs Lana Tilley
 Deputy Designated Safeguarding Lead (DDSL)

Ms Rachel Hingley Emotional Literacy Support Assistant (ELSA) and Young Carers

Lead

Mrs Victoria David
 Family Support Worker

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 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 (DSL) or Deputy DSL. 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 the emergency services if necessary. Where a referral to an external agency is appropriate, this will be led and managed by Mrs Asha Wride (SENDCo) or Mr Andrew Drury (DSL).

Individual Health Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive 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

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included within our Jigsaw PSHE curriculum.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. Our website will have a dedicated section on Mental Health and Wellbeing. Relevant sources of support will be displayed in key locations around the school.

Warning Signs

School staff may become aware of warning signs which indicate a child 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 our Mental Health Lead, SENDCo or our Mental Health Champion.

Possible warning signs 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
- 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 child 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 child 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 child's emotional and physical safety rather than of exploring 'Why?'.

All disclosures should be recorded on a Mental Health Concern Form (see appendix A) and held on the pupil's confidential file on CPOMs. 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 who will offer support and advice about next steps.

Confidentiality

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a child 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

If a child gives us reason to believe that there may be underlying child protection issues or safeguarding concerns the DSL must be informed immediately.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. 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.

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 go 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 / signposting / workshops
- Keep parents informed about the mental health topics their children are learning about in PSHE

Support for Pupils

- All pupils will be able to access a range of support within the school, primarily their teacher and support staff.
- Each class has a non-verbal mechanism for pupils to communicate with the teacher.
- PHSE lessons, Circle Time and Assemblies are also used to reinforce positive messages.
- Pupils are regularly informed and educated about trusted adults.
- ELSA & Family Support Workers offer sessions to support the wellbeing and emotional needs of pupils as part of universal support.
- External professionals and agencies will be involved as appropriate to the needs of the child.

How we Identify SEMH needs within Wanborough

- 1. We use the Core Standards Quick Checker to determine area/s of need.
- 2. We look at the universal level of support and ensure we are providing this as part of our quality first teaching; offering ELSA & Family support worker interventions
- 3. We will look at the SEMH needs in further detail if this has been identified in the quick checker. SEMH SEND Checker.
- 4. We determine if SEMH is the Primary/Main need for the child Look at the SEMH pyramid for guidance.
- 5. We use the ELSA & FSW intervention impact to determine if a referral to Trail Blazers is appropriate.
- 6. Trail Blazers provides strategies of support and if appropriate, request a referral to TaMHS
- 7. We use all the above to support the implementation of interventions and/or Early Help Records.
- 8. We use the above evidence to support the implementation of an Early Help Record & Plan or Support Plan intervention in partnership with parents TAC.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training to enable them to keep children safe. We will host relevant information in our staff handbook for staff who wish to learn more about mental health. Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process. Additional CPD will be

supported throughout the year where it becomes appropriate due to developing situations with one or more children.

Related Policies

This policy should be read in conjunction with policies for:

- Anti-bullying
- · Safeguarding and Child Protection
- E-safety
- PSHE
- · SEND

Approved: January 2022 **Next Review:** January 2024

Appendix A

CONFIDENTIAL Mental Health / Wellbeing Concern Form - CHILD

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 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 (DSL) or Deputy DSL. 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 the emergency services if necessary. If none of the above applies, please complete this form and give it to the Mental Health Lead.

Date:		Name and role of person	
		completing form:	
Time:		Date and time read and	
		by who:	
Name of		DOB:	
child:			
What have I heard/seen/noticed which concerns me (please continue overleaf if necessary)?			
What am I v	vorried might happen?		
Action taken by person(s) above:			
To be comple Agreed next	eted by Mental Health Le steps:-	<u>ad</u>	

Record of discussion with another professional, external to the school (giving full name/role and agency)			
Detail of decision / action agreed:			
Has the person who reported the initial concern been provided with feedback? Yes / No			
Has the information on this form been shared with the parent/carer? If not, please give reasons:-			
Tick to confirm added to pupil's CPOMs file:			