

# Emotional Health and Mental Wellbeing Policy



**September 2022**

Approved at committee: 15.09.2022

Adopted & ratified by full governing body: 15.09.2022



## EHMW POLICY

### MISSION STATEMENT:

To be the best we can in the sight of God

St Thomas CE Primary School promotes Christian values through the experiences it offers to all children. As an intrinsic part of the community we aim to provide high quality teaching and learning where each and every child matters. We endeavour to create an atmosphere in which excellence and quality are paramount because everyone is encouraged to be the best they can in the sight of God.

### OUR SIX AIMS

**Aim 1: (Standards)** To ensure that **each child** including all pupils with SEN achieves their highest standard and makes good progress in all areas of school life.

**Aim 2: (Teaching and Learning)** To provide **all** pupils with high quality teaching in order to meet **each child's** learning needs by means of a broad, balanced curriculum.

**Aim 3: (Environment)** To provide a secure, well resourced, high quality learning environment **for all children, including those with SEN.**

**Aim 4: (Management)** To support the work of the school by effective management of finance, curriculum, administration and personnel including that related to SEN pupils.

**Aim 5: (Ethos)** To create a happy, positive, **inclusive** school culture in which to promote our children's spiritual, moral and cultural development and in which **all children feel valued**, no matter what their needs and abilities.

**Aim 6: (Partnership)** To promote a mutually supportive learning partnership with governors /parents and to extend children's skills and interests to the wider. Parents of pupils with SEN will be kept informed about their child's progress as detailed in the policy.

**Our intention is to promote holistic development alongside academic achievement for all pupils; key to these is the emotional health and mental wellbeing of our school community. Our aim is for all children in school to develop the self-esteem, resilience and emotional understanding to be able to play an active part in school life, becoming effective and successful learners and friends.**

## **Aims**

- Promote positive emotional health and mental wellbeing across the school community
- Develop and sustain universal interventions which will be accessed by all pupils and embedded in the ethos and culture of the school
- Increase understanding and awareness of common mental health issues
- Provide information for pupils and families about promoting positive emotional health and mental wellbeing
- Provide support to pupils and families when a pupil is experiencing mental ill health
- Provide support to pupils and families when a family member is experiencing mental ill health
- Alert staff to early warnings of mental health concerns and the process for reporting these
- Provide support to staff working with pupils with mental health issues
- Provide support and compassion to staff experiencing mental ill health
- To utilise the Oldham framework 'Supporting Young Minds in Tough Times' and self-assessment audit to evaluate and develop provision within school, including staff training needs
- Utilise the Graduated Response of Universal, Selected and Targeted support for pupils (See Appendix)
- To embed the Assess-Plan-Do-Review process (see Appendix) to ensure high quality work is monitored and evaluated.
- To commission effective, evidence-based and good value interventions for pupils by applying the Quality Assurance Framework (Pennine Care Foundation Trust, 2016)
- We seek to raise awareness amongst staff and gain recognition 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 pupil welfare where everyone is aware of warning signs, with effective signposting underpinned by behaviour and welfare throughout the school.

## **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 J Whittaker - Designated Child Protection / Safeguarding Officer
- Mrs E Schofield/Mrs L Costello - Mental Health Leads
- Mrs Douglas & Miss Kelly-Anne Stoneman- lead first aiders
- Mrs L Costello - pastoral lead

## What is Mental Health?

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 children. 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.

This document describes the school's approach to promoting positive mental health and wellbeing. It 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 overlaps with or is linked to a medical issue and the SEND policy, where a Pupil has an identified Special Educational Need.

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 Officers - Head Teachers or Learning Mentor at our 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. Where a referral to CAMHS is appropriate, this will be led and managed by Mrs E Schofield/ Mrs L Costello, mental health leads. Guidance about referring to CAMHS is provided in Appendix F.

## **VEHICLES FOR EMOTIONAL HEALTH AND WELLBEING**

**The school promotes and provides a range of services to pupils through:**

- Hygienic toilets which ensure privacy and safety
- School council to act as mentors
- Learning mentor
- Counsellor – bought in from the school budget (Off The Record)
- A lead teacher and learning mentor for emotional health and mental wellbeing
- Staff being trained in and having access to Coaching
- Co-ordinated support from a range of external organisations
- Parent and pupil workshops provided by other services such as MIND, POINT and BIRD as and when they're on offer
- MASH team, QEST, Educational Psychology team
- Attendance panel meetings
- Home visits
- CAMHS referrals
- Early Help referrals
- Core group meetings, CIN/ CP meetings

**The school promotes an anti-bullying culture through:**

- A strong school ethos which empowers tolerance and respect, including respect for difference and diversity through our Christian values.
- High profile of anti-bullying procedures and policy through posters, displays, assemblies and events
- Active listeners, including assistants and adults other than school staff e.g. governors and volunteers
- Clear monitoring of bullying incidents
- Open door policy

**The school promotes and strengthens the pupil voice through:**

- A democratic process for the election of school council representatives
- Timetabled meeting time for members of the school council
- Ethos and Eco Committees
- Consulting pupils about change and policy development
- House assemblies and class assemblies
- Worry wellies and suggestion socks

- Self-evaluation- Yippee Yellow and Growing Green
- Teaching of growth mindset- can do attitude
- Topic Sticky Learning Mats

**The school facilitates a context for learning through:**

- Enhancing school and classroom layout; facilities and resources
- Children having ownership of displays, hall, stairs...
- Recognising the background of individual pupils and their physical, social and emotional needs
- Establishing clear rules, routines and expectations about behaviour for learning and social cohesion e.g. through the well-established Always rules
- Encouraging positive, caring and constructive relationships
- Meet and greet/ emotional literacy for vulnerable children
- Reflection Room and Area
- Social Stories
- Lego Therapy
- BB groups/ faster graspers and catch up groups
- Reading club
- Established relationships with vulnerable families (parents, carers and children) through our Learning Mentor

**The school enhances pupil motivation and learning through:**

- Consistent support for vulnerable children and those with SEND from trained teachers, teaching assistants and other agencies where appropriate.
- A range of challenging opportunities for children working at a Greater Depth
- An exciting and varied range of extra-curricular events and trips; visitors invited into school
- Lunchtime clubs (see timetable from SENco for variety and focus groups)
- Commando Joe sessions
- Visitor assemblies
- A balanced, exciting curriculum with opportunities for intellectual, physical and expressive development
- Recognising a range of learning styles
- Outdoor learning
- Always Always treats
- Attendance and punctuality prizes
- Always badges – Positive Behaviour Management
- You've been spotted prizes
- Star/ House point certificates and celebration assembly
- Encouraging independence in learning
- Using a range of teaching styles such as Circle Time appropriate to pupils' age, ability and level of maturity
- Using the SEAL materials to raise self-esteem and confidence levels
- Range of Celebration Assemblies including Whole School (parents are invited to attend on Wednesdays); in class assemblies; House and Key Stage

- **The school enhances pupil self-esteem and personal development through:**

- Information, advice and guidance on sex and relationships and drugs
- Opportunities for pupil leadership through school council, Year 6 prefects
- An emphasis on praise and reward – positive reinforcement and behaviour management
- Opportunities for reflection and spiritual development through art, literature, PSHME, British Values and the RE curriculum
- A wide range of extra-curricular activities

### **The school enhances staff motivation, learning and professional development through:**

- Curricular planning time within the school week
- Whole school training events, including Safeguarding
- Access to appropriate external training
- Involving all staff in decision making and proposed change
- Consultation on training and support needs through regular review
- Non-contact time – PPA (planning, preparation and assessment time)
- Staff Well-being events termly to replace staff training for that week
- Access to Counselling and Support services (Employees' Assistance Programme and SAS)
- Coaching sessions available from trained members of staff: Mr J Whittaker (Head), Mrs F Ragan (Assistant Head), Miss S Birtles (Teaching Assistant), Mrs E Schofield (Teacher), Mrs E Whitworth (Business Manager)

### Assessing the needs of all staff and pupils

Mental and Emotional health needs are often hidden and difficult to recognise. In order to raise awareness of our own and pupils' needs, school is currently trialling a number of assessment tools from the DLP (Dovestone Learning Partnership) and the Anna Freud National Centre. The aim is that these assessments will provide a snapshot of mental health in our school and we can become more expert in recognising and improving mental health.

### Individual Care Plans –EMHW Review

School recognise the importance of supporting the mental health of ALL our pupils. We have an individual care plan for pupils causing significant 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. It is reviewed termly.

This is based on the Person Centred Review (PCRs) format including:

- Details of a pupil's behaviours and concerns
- What's great about them, what's important to and for them, what's working and not working, and desired outcomes
- 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 as part of our developmental PSHE & RSHE curriculum. The will become embedded throughout the curriculum over time: we will draw attention to unpicking key behaviours and this will be linked to the teaching of all curriculum areas, as well as being part of our British Values teaching. We aim to teach mindfulness daily and link mental health teaching to our Christian Values, especially during weekly House Assemblies. 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. Children and staff will also be mindful of using appropriate language around mental health, challenging phrases and vocabulary that may be offensive.

### Signposting

We will ensure that staff, pupils and parents are aware of 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 D. We will display relevant sources of support in communal areas such as noticeboards 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 student help-seeking by ensuring students understand:

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

#### 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 Mrs E Schofield or Mrs L Costello, our mental health and emotional wellbeing lead. (See Appendix G)

#### 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 student 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 student's emotional and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively see appendix E. All disclosures should be recorded in writing and held on the student'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, Mrs E Schofield/ Mrs L Costello who will store the record appropriately and offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

#### Confidentiality

We should be honest with regard to the issue of confidentiality and we should never promise to 'keep it a secret'. If 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.

It is always advisable to share disclosures with a colleague, usually the mental health lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, 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/carers will be informed, and their support sought, unless there is reason to believe that there is an underlying child protection issue, in which case the DSL and local MASH team will be informed immediately. Pupils will be informed if this is the case.

Staff will share concerns/disclosures with a colleague, usually the Lead for Emotional Health and Mental Wellbeing or the DSL when necessary, as this helps to safeguard their own emotional wellbeing as they are no longer solely responsible for the pupil. It also ensures continuity of care in case of absence and provides an extra source of ideas and support. We will discuss this with the pupil.

External group supervision is commissioned by school and offered to all staff, teaching and none-teaching, who are working with child protection concerns and disclosures, even if this is not their usual role. This is a vital provision for our staff to protect their own emotional wellbeing, and gives them a safe space to process and reduce any negative effects of this challenging work upon their personal lives. Supervision being an independent provision also offers a space for reflective practice, enabling staff to critically analyse and reflect upon their own work.

### Sharing Concerns with Parents/Carers

It is standard practice to inform parents/carers of concerns unless there is reason to believe there is an underlying Child Protection concern; however, we remain mindful of the need to be sensitive in our approach.

Mental ill health can affect individuals of any age, background, ethnicity or gender; yet it may sometimes be difficult or distressing for parents to learn that their child is experiencing difficulties with their emotional wellbeing. Families may respond with fear, anger, upset or even shame during initial conversations: although we may find this challenging, we should be accepting of this (within reason) and give parents/carers time to reflect and come to terms with the change in situation. For this reason we recommend a follow-up meeting or telephone call to ensure lines of communication are kept open and that parents/carers feel able to partake in the process of support.

Before these initial conversations take place it should be considered:

- Can we meet with parents/carers face-to-face? (this is usually preferable)
- Where should the meeting take place? – Some families are not comfortable in school or may have commitments such as caring which make attendance in school difficult.
- Who should be present at the meeting? Pupil, other family members, staff (although it is ideal for the member of staff to whom a disclosure was made to be present, it may be in their best interests to have the support of a pastoral lead/DSL etc), ,
- What are the aims and expected outcomes of the meeting?

Ensure a record of the meeting and points discussed/next steps agreed is kept and added to the pupil's record. A Multi Element Plan (see below) should also be created if support above the Universal level is proposed.

### EMHW Support Plans

A Plan will be drawn up for pupils causing concern, who receive a diagnosis pertaining to their mental health or who are accessing internal or external support services. This should be drawn up involving the pupil, the parents/carers and relevant health professionals alongside school. The plan will be presented in a similar format to the target sheet used for SEND pupils.

The plan will include:

- Details of the pupil's condition
- Special requirements and precautions
- Any medication and side effects

- What to do and who to contact in an emergency
- The role school can play and specific staff involved
- Any adjustments, interventions or support to be put in place based on the 'Assess-Plan-Do-Review' process
- Any external agencies involved and their role in supporting the child

Where a referral to an external service is appropriate, this will be lead and managed by the SENCO, in liaison with the Lead for Emotional Health and Mental Wellbeing.

For those children who require additional support with their emotional health and mental wellbeing, we will additionally support parents/carers by:

- Involving parents/carers, and the child in the Assess-Plan-Do-Review process to identify the specific support required
- Keeping parents/carers informed about the related work being carried out in school

### 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 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 with the student 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

### 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 to enable them to keep pupils safe. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue. There is no need to create a login/register for this, but staff who do will be able to record their training. 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 to developing situations with one or more pupils.

Suggestions for individual, group or whole school CPD should be discussed with our Head Teachers and our LA support officer Christine Hampshire, who can also highlight sources of relevant training and support for individuals as needed.

Mrs Laura Costello (Learning Mentor) and Mrs Paula Glynn (Headteacher) are now trained as Youth Mental Health First Aiders.

### Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in September 2021. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. This policy will always be immediately updated to reflect personnel changes.

### **Appendix A:**

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues<sup>3</sup>

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too. Support on all these issues can

be accessed via Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) Minded ([www.minded.org.uk](http://www.minded.org.uk)).

### 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.

Online support: SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk) National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk)

Books: Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Selfharm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers.

### 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 daily activities.

Online support: Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

Books: Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers.

### 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.

Online support: Anxiety UK: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

Books: Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

### 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.

Online support OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

Books: Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

### 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.

Online support Prevention of young suicide UK – POPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org) On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/)

Books: Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Selfharm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner’s Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge

### 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.

Online support: Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders) Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

Books: Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers Pooky Knightsmith (2012) Eating Disorders Pocketbook

## **Appendix B:**

### Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014) Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015) Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015) Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014) Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people.

Department of Health (2015) NICE guidance on social and emotional wellbeing in primary education NICE guidance on social and emotional wellbeing in secondary education What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children’s Bureau (2015)

### **Appendix C:**

#### **Data Sources**

Children and young people’s mental health and wellbeing profiling tool collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas.

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing.

Health behaviour of school age children is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people’s health and wellbeing

### **Appendix D:**

#### **Sources of support at school and in the local community**

Pastoral care at St Thomas’ is undertaken by the class teachers and teaching assistants as the first point of contact for children as they enter school each day. All children are greeted at the door and teachers can ascertain their mood and take appropriate action. This may be some calming time reading a book, drawing or going to the reflections room, or it may be that a child needs some sensory calming activities and will be asked to do a job, giving out book or visiting the office.

The Learning Mentor, Mrs Costello, works hard to build up relationships with our families and is very knowledgeable about home issues. Is aware of which children may need support and ‘keeps an eye’ on them during break times. The children also know they can go to her for support.

School have a Counsellor available every Thursday and we have a number of children who access this service during the day and during holidays when appropriate.

Early Help referrals can be done online at <https://www.positive-steps.org.uk/services-for-children-and-young-people/early-help> (Positive Steps)

and [https://www.oldham.gov.uk/info/200253/resources\\_for\\_practitioners/969/childrens\\_workforce\\_practitioners/2](https://www.oldham.gov.uk/info/200253/resources_for_practitioners/969/childrens_workforce_practitioners/2)

Outside agencies available to school, such as POINT are listed on the Oldham council website (Local offer)

[https://www.oldham.gov.uk/info/200368/children\\_and\\_young\\_people\\_with\\_special\\_educational\\_needs\\_and\\_disabilities](https://www.oldham.gov.uk/info/200368/children_and_young_people_with_special_educational_needs_and_disabilities))

and via the school website.

## **Appendix E:**

### **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 students 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 student 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 student 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 “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 student 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 student. 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, themselves, let alone share that with anyone else. If a student 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 student. 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 student.

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 colleague

## **Appendix F:**

### **What makes a good 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) or carer(s) and the referred child or children?
- Has the referral to CMHS been discussed with a parent or carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or 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 or 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?

Signs and symptoms of common mental ill-health conditions

<p><b>Depression</b></p> <ul style="list-style-type: none"> <li>• Feeling sad or having a depressed mood</li> <li>• Loss of interest or pleasure in activities once enjoyed</li> <li>• Changes in appetite — weight loss or gain unrelated to dieting</li> <li>• Trouble sleeping or sleeping too much</li> <li>• Loss of energy or increased fatigue</li> <li>• Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)</li> <li>• Feeling worthless or guilty</li> <li>• Difficulty thinking, concentrating or making decisions</li> <li>• Thoughts of death or suicide</li> </ul>	<p><b>Anxiety</b></p> <ul style="list-style-type: none"> <li>• Palpitations, pounding heart or rapid heart rate</li> <li>• Sweating</li> <li>• Trembling or shaking</li> <li>• Feeling of shortness of breath or smothering sensations</li> <li>• Chest pain</li> <li>• Feeling dizzy, light-headed or faint</li> <li>• Feeling of choking</li> <li>• Numbness or tingling</li> <li>• Chills or hot flashes</li> <li>• Nausea or abdominal pains</li> </ul>
<p><b>Obsessive-compulsive disorders</b></p> <p>Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions:</p> <ul style="list-style-type: none"> <li>• Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them some spend many hours washing themselves or cleaning their surroundings. Some people spend many hours washing themselves or cleaning their surroundings.</li> <li>• Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done.</li> <li>• Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people develop checking rituals. Some people repeatedly retrace driving routes to be sure they haven't hit anyone.</li> <li>• Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion.</li> <li>• Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.</li> </ul>	<p><b>Eating Disorders</b></p> <p><b>Anorexia Nervosa:</b> People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation:</p> <ul style="list-style-type: none"> <li>• Menstrual periods cease</li> <li>• Hair/nails become brittle</li> <li>• Skin dries and can take on a yellowish cast</li> <li>• Internal body temperature falls, causing person to feel cold all the time</li> <li>• Depression and lethargy</li> <li>• Issues with self-image /body dysmorphia</li> </ul> <p><b>Bulimia Nervosa:</b> Patients binge eat frequently, and then purge by throwing up or using a laxative.</p> <ul style="list-style-type: none"> <li>• Chronically inflamed and sore throat</li> <li>• Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy, • Tooth enamel wears off; teeth begin to decay from exposure to stomach acids</li> <li>• Constant vomiting causes gastroesophageal reflux disorder</li> <li>• Severe dehydration from purging of fluids</li> </ul>

### Self Harm

- Scars
- Fresh cuts, scratches, bruises or other wounds
- Excessive rubbing of an area to create a burn
- Keeping sharp objects on hand
- Wearing long sleeves or long trousers, even in hot weather
- Difficulties in interpersonal relationships
- Persistent questions about personal identity, such as "Who am I?" "What am I doing here?"
- Behavioural and emotional instability, impulsivity and unpredictability
- Statements of helplessness, hopelessness or worthlessness
- Head banging
- Ingesting toxic substances.

### Key Points to Remember:

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals.
- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people.

### RESOURCES

<https://www.oldham.gov.uk/hsc/services/send/>

[https://www.oldham.gov.uk/downloads/file/4710/supporting\\_young\\_minds\\_through\\_tough\\_times](https://www.oldham.gov.uk/downloads/file/4710/supporting_young_minds_through_tough_times)

Khan academy videos on YouTube

Pinterest- type in 'Growth Mindset' or 'Mindfulness for kids'

Big Life Journal- subscribe for free (freebies)and you will receive weekly resources

Matthew Syed- Book of Awesome (in school)

ES has personal copies of additional reading material (Adrian Bethune –'Wellbeing in the Primary Classroom' and Paul Dix ' When the Adults Change'.)

Paul Dix on TED talks and Pivotal Education

Ruby Wax book- 'Frazzled' and 'How to be Human'

<https://positivepsychologyprogram.com/resilience-activities-worksheets/>

Chill Panda app

Headspace (online and app)

Cosmic Kids/ Zen den

Breathing exercises [https://www.youtube.com/watch?v=Bk\\_qU7l-fcU](https://www.youtube.com/watch?v=Bk_qU7l-fcU)

Headspace (KS2)

Epic Friends (upper ks2)

Body scan meditation <https://www.youtube.com/watch?v=9A0S54yAgEg>

Chill Panda app

Go Noodle

BBC Brainsmart (YouTube)

Hindu squats

Growth mindset star wars

Brain breaks <https://www.youtube.com/watch?v=YFe0I8kkFOg>

Finger tapping mindfulness

[https://www.google.com/search?q=finger+tapping+mindfulness&rlz=1C1KYPA\\_enGB756GB770&oq=tapping+mindfulness&aqs=chrome.1.69i57j0.7356j1j7&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=finger+tapping+mindfulness&rlz=1C1KYPA_enGB756GB770&oq=tapping+mindfulness&aqs=chrome.1.69i57j0.7356j1j7&sourceid=chrome&ie=UTF-8)

Finger feelings <https://www.youtube.com/watch?v=m3-O7gPsQK0>

viacharacter.org

**Data Protection Statement**

The procedures and practice created by this policy have been reviewed in the light of our Data Protection Policy. All data will be handled in accordance with the school’s Data Protection Policy.

<b>Data Audit For The EHMW Policy</b>					
<b>What ?</b>	<b>Probable Content</b>	<b>Why ?</b>	<b>Who ?</b>	<b>Where ?</b>	<b>When ?</b>
Pupil assessment data	Name D.O.B. Test data Teacher Assessment data	Monitor a child’s progress and identify next steps  Well-Being of Your Child	All Staff (as necessary)	Staff electronic records  Paper tests are stored in locked filing cabinets in each classroom / basement  Data is deleted / shredded as necessary	Held on File throughout a child’s time at school  Key data is passed onto a new School when moving on  Some data is archived until the child is 25 (e.g. SEND pupil)

As such, our assessment is that this policy:

<b>Has Few / No Data Compliance Requirements</b>	<b>Has A Moderate Level of Data Compliance Requirements</b>	<b>Has a High Level Of Data Compliance Requirements</b>
	✓	

This policy will be reviewed every three years or sooner if legislation / school assessment systems change.