EDMONDSLEY PRIMARY AND NURSERY SCHOOL

Mental Health and Wellbeing
Policy

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Statement of intent

This policy outlines the framework for **Edmondsley Primary and Nursery School** to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of pupils who are experiencing poor mental health and wellbeing.

Edmondsley Primary and Nursery School also will ensure that all staff are supported with their own Mental Health.

Through successful implementation of this policy, the school aims to:

- Promote a positive outlook regarding pupils' mental health and wellbeing.
- Eliminate prejudice towards pupils who are experiencing mental health problems.
- Promote equal opportunities for all pupils.
- Ensure all cases of pupils who are experiencing poor mental health or have long term Mental Heath conditions, are identified and appropriately supported.

Edmondsley Primary and Nursery School will work with the LA where the following principles are concerned:

- The involvement of pupils and their parents in decision-making
- The early identification of pupils' needs
- Collaboration between education, health and social care services to provide support when required by the pupil
- Greater choice and control for pupils and their parents over their support

1. **Legal framework**

   1.1. This policy has due regard to legislation, including, but not limited to, the following:

   - Children and Families Act 2014
   - Health and Social Care Act 2012
   - Equality Act 2010
   - Education Act 2002
   - Mental Capacity Act 2005
   - Children Act 1989

   1.2. This policy has been created with regard to the following DfE guidance:

   - DfE (2016) 'Mental health and behaviour in schools'
   - DfE (2016) 'Counselling in schools: a blueprint for the future'
   - DfE (2015) 'Special educational needs and disabilities (SEND) code of practice: 0 to 25'

- DFE (2017) 'Transforming Children and Young People's Mental Health Provision: A Green Paper.'

1.3. This policy also has due regard to the school's policies, including, but not limited to, the following:

- SEND Policy
- Behaviour Policy

2. Definitions

2.1. **Anxiety**: For the purpose of this policy, anxiety refers to feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn or sustain and maintain friendships. Specialists reference a number of diagnostic categories:

- **Generalised anxiety disorder**: a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- **Panic disorder**: a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder**: a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- **Specific phobias**: the excessive fear of an object or a situation, to the extent that it causes an anxious response, such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder**: involves worrying about being away from home or about being far away from parents, at a level that is much more than normal for a pupil's age.
- **Social phobia**: an intense fear of social or performance situations.
- **Agoraphobia**: refers to a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.

2.2. **Depression**: For the purpose of this policy, depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD)**: a person who will show a number of depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder**: is less severe than MDD, but characterised by a person experiencing a daily depressed mood for at least two years.

2.3. **Hyperkinetic disorders**: For the purpose of this policy, hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD)**: has three characteristic types of behaviour; inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is then called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder**: a more restrictive diagnosis but is broadly similar to a severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school or home.

2.4. **Attachment disorders**: For the purpose of this policy, attachment disorders refer to the excessive upset experienced when a child is separated from a special person in their life, like a parent. Researchers generally agree that there are four main factors that influence attachment problems, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

2.5. **Eating disorders**: For the purpose of this policy, eating disorders are defined as a serious mental illness which affects an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

2.6. **Substance misuse**: For the purpose of this policy, substance misuse is defined as the usage of harmful substances.

2.7. **Deliberate self-harm**: For the purpose of this policy, deliberate self-harm is defined as a person intentionally inflicting physical pain upon themselves.

2.8. **Post-traumatic stress**: For the purpose of this policy, post-traumatic stress is defined as recurring trauma due to experiencing or witnessing something

deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

2.9. **LGBT+ depression and self-harm**. For the purpose of this policy, LGBT+ depression and self-harm is defined as a person feeling excessively low or sad and intentionally inflicting physical pain upon themselves due to the trauma or stress they feel when they realise or 'come out' as belonging to this identity. Young people who identify as LGBT+ are 6 times as likely to self-harm as those who do not.

3. **Roles and responsibilities**

3.1. The governing body is responsible for:

- Identifying, assessing and organising provision for all pupils with mental health issues whether or not they have an education, health and care (EHC) plan.
- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
- Having appropriate members of staff to be the Wellbeing Committee and have responsibility for coordinating provisions for pupils with SEMH difficulties.
- Taking necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils at school with wellbeing and mental health issues.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for wellbeing and mental health.

3.2. The headteacher is responsible for:

- Ensuring that those teaching or working with pupils with wellbeing and mental health difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that teachers monitor and review pupils' progress during the course of the academic year.
- Regularly and carefully reviewing the quality of teaching for pupils at risk of underachievement, as a core part of the school's performance management arrangements.
- Ensuring that staff members understand the strategies to identify and support pupils with wellbeing and mental health issues.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with wellbeing and mental health issues.

- Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keeping parents and relevant teaching staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the Mental Health Support Team and voluntary sector organisations.

3.3. The Wellbeing and Resilience Champion is responsible for:

- Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with pupils' mental health and awareness.
- Collaborating with the SENCO, Head Teacher and governing board, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have mental health difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils with SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, the LA and LA support services and mental health support teams.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Referring pupils with SEMH difficulties to external services to receive external support, where required.
- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies where appropriate.

- Liaising with the potential future providers of education, such as secondary school teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.

3.4. The SENCO is responsible for:

- Collaborating with the governing board, Head Teacher and the mental health lead, to determine the strategic development of SEMH policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting staff in the further assessment of a pupil's particular strengths and areas for improvement, and advising on effective implementation of support.

3.5. The teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the pupils themselves.
- Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving, and that every pupil with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the pupils in their class.
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
  Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include: SENCO/Head Teacher.

3.6. Schools will work in collaboration with mental health support workers who are trained members of staff who act as a bridge between schools and mental health agencies.

4. **Identifying signs**

4.1. Staff members will be aware of factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.

4.2. Staff members will be aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.

4.3. Staff members will promote resilience to help encourage positive SEMH.

4.4. Staff members will understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.

4.5. Staff members will understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, distancing from other pupils or changes in attitude.

4.6. Staff members will understand that SEMH difficulties may lead to a pupil developing SEND, which could further result in a pupil requiring an EHC plan.

4.7. Edmondsley Primary and Nursery School will ensure that poor behaviour is managed in line with the school's Behavioural Policy.

4.8. Staff members will observe, identify and monitor the behaviour of pupils potentially with SEMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.

4.9. Pupils' data will be used effectively so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

4.10. An effective pastoral system will be in place so that the teacher knows every pupil well in their class and can spot where unwanted or unusual behaviour may need investigating and addressing.

4.11. Staff members will be mindful that some groups of pupils are more vulnerable to mental health difficulties than others. These include, but are not limited to, LAC, pupils with SEND and pupils from disadvantaged backgrounds.

4.12. Staff members will be aware of the signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming

- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

5. Assessment

5.1. Edmondsley Primary and Nursery School is committed to striving for early identification in regards to pupils with SEMH difficulties.

5.2. A consultation with Mental Health Support Team – Peace of Mind, will assist in identifying any SEMH needs.

5.3. Staff members will understand that persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the SENCO will ensure correct provisions are taken into account to provide the best learning conditions for the pupil, such as providing school counselling. Both the pupil and their parents will be involved in any decision-making concerning what support the pupil needs.

5.4. Where possible, the school will aim to be aware of any support programmes GPs are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.

5.5. Where appropriate, the SENCO will ask parents to give consent to their child's GP to share relevant information regarding SEMH with the school.

5.6. Staff members will discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties.

5.7. Staff members will consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.

5.8. Staff members will take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously.

5.9. The assessment, intervention and support processes available from the LA will be in line with the local offer.

5.10. All assessments will be in line with the provisions outlined in the school's SEND Policy.

6. **Intervention and support**

6.1. Strategies to promote positive mental health are in place at Edmondsley Primary and Nursery School.

6.2. The curriculum for PSHE will focus on promoting pupils' resilience, wellbeing, confidence and ability to learn.

6.3. Positive classroom management and working in small groups will be implemented to promote positive behaviour, social development and high self-esteem.

6.4. Counselling will be offered to pupils who require it.

6.5. The relevant services will be utilised where appropriate.

6.6. A child psychologist will be available where a pupil requires such services.

6.7. The school will aim to develop and maintain a pupil's social skills, through using social skills training for example.

6.8. Where appropriate, parents will have a direct involvement in any intervention regarding their child.

6.9. Where appropriate, the school will support parents in the management and development of their child.

6.10. Peer mentoring will be used to encourage and support pupils suffering with SEMH difficulties. Mentors will act as a confidant with the aim of easing the worries of their mentee.

6.11. When in-school intervention is not appropriate, referrals and commissioning will take the place of in-school interventions. The school will continue to support the pupil as best it can.

6.12. Serious cases of SEMH difficulties will be referred to local child and adolescent mental health services (CAMHS).

6.13. The school will implement the following process to ensure referring pupils to CAMHS is effective:

- Use a clear process for identifying pupils in need of further support
- Document evidence of their SEMH difficulties
- Encourage the pupil and their parents to speak to the pupil's GP
- Work with local specialist CAMHS to make the referral process as quick and efficient as possible

- Understand the criteria that will be used by specialist CAMHS in determining whether a particular pupil needs their services
- Have a close working relationship with the local CAMHS specialist
- Consult CAMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CAMHS

6.14. The school will commission individual health and support services directly for pupils who require additional help.

6.15. The services commissioned will be suitably accredited and will be able to demonstrate that they will improve outcomes for pupils.

6.16. The school will implement the following interventions:

- Individual pupil-orientated interventions are less effective than ones that involve parents, so parents will be involved in interventions where appropriate. The interventions will be structured in a way to address behavioural issues through education and training programmes. Parental training programmes will be combined with the pupil's intervention to promote problem-solving skills and positive social behaviours.
- Peace of Mind will support pupils at school and at home.
- Small group sessions will take place and focus on developing cognitive skills and positive social behaviour such as Lego Therapy.
- Play-based approaches will be in place to develop more positive relationships between pupils and their parents.
- Listening Matters will be implemented for identified pupils along with Emotional Literacy Support.
- Specific classroom management techniques for supporting pupils will be in place. These techniques may include using a token system for rewards or changing seating arrangements, for example.

7. **Pupils with more complex problems**

7.1. For pupils with more complex problems, additional in-school support will include:

- Supporting the pupil's teacher, to help them manage the pupil's behaviour.
- Additional educational one-to-one support for the pupil.
- One-to-one therapeutic work with the pupil, delivered by mental health specialists.
- An individual healthcare plan. All schools must comply with the statutory duty of caring for pupils with medical needs.

- Professional mental health recommendations regarding medication may be sought.
- Family support and/or therapy will also be considered upon the recommendation of mental health professionals.

7.1. For pupils who are suffering poor mental health due to identifying as LGBT+, additional support may include

- LGBT+ positive reinforcement with the use of social stories or narratives.

- SRE lessons (which are age-appropriate) to openly talk about different relationships and feelings.

- Sign-posting for parents and teachers to specialist support (Proud Trust, The Kite Trust, Allsorts youth project and Humankind (if the child is 11 years or older).

8. Monitoring and review

8.1. The policy is reviewed on an annual basis by the Head Teacher in conjunction with the governing board − any changes made to this policy will be communicated to all members of staff.

8.2. All members of staff are required to familiarise themselves with this policy as part of their induction programme.

9. Impact due to Covid

9.1. Wellbeing will be at the forefront of everything we do to ensure children can attend school safely, where any anxieties, concerns or issues are addressed with immediately.

9.2. All children and staff will be offered on-going support throughout any lock downs and upon returning to school.

9.3. Remote learning provided for children will be working around building pupils self-esteem and confidence, in preparation upon returning back to school.

9.4. A recovery curriculum following the needs of the pupils will be followed and implemented following the needs of all pupils.

10. Staff Mental Health and Wellbeing

10.1. All new members of staff are allocated a School Mentor.

10.2. Opportunities for staff to get to know each other are arranged so that a personal choice of buddy/mentor can be found. All staff have someone they can speak to.

10.3. Staff can choose to have their Mental Wellbeing a focus of their Performance Management.

10.4. Mental Health CPD will be carried out across the whole school annually.

10.5. An opportunity to carry out Mental Health Questionnaire is offered in Autumn Term and always available from the staffroom.

10.6 If anyone is experiencing poor Mental Health, their mentor should discuss the possibility of sharing the issues with their line manager (Senior Leadership Team/Head Teacher/ Chair of Governors), unless they have chosen to opt out by informing the Office Manager. A discussion with the person who is experiencing poor mental health, should take place prior to sharing any information with their line manager.

10.7 Any member of staff can talk to a senior leader about another member of staff's mental health without naming them, if they feel that they need help themselves with the information that is being shared.

10.8 A discussion between the adult who is experiencing poor mental health and their line manager, must take place prior to the line manager sharing information with their next of kin.

10.9 Staff have access to external support (leaflets available on Notice Board)

How the organisation of school supports good Mental Health and Wellbeing

10.6. SENCO leads Wellbeing Wednesday activity/e-mail.

10.7. Head Teacher/Senior Leadership Team/Subject Leaders will ensure that Monitoring Arrangements and feedback are organised and shared with staff in a timely manner.

10.8. Feedback will reflect individual members of staff's teaching methods and learning outcomes. For example, Job Share teachers will each receive individual feedback during book monitoring for the days which they taught.

10.9. SLT Observation feedback is shared within at least a week.

10.10. All staff will ensure that class or school events are placed on the school calendar in a timely manner.

10.11. All Subject Leaders will ensure that whole school events which they have planned, are shared and placed on the school calendar in a timely manner.

10.12. SLT and Head Teacher will ensure that SharePoint Folders are organised so that all members of staff can access information easily.

10.13. Staff Meeting time and Professional Development Days are utilised to achieve Whole School Development Plan objectives.

10.14. Whole School Development Plan will contain objectives which are meaningful and achievable.

10.15. Open discussions around mental health.

10.16. Staff are regularly sign posted to external agencies which have been invested.

10.17. Durham Local Authority occupational health service is utilised.