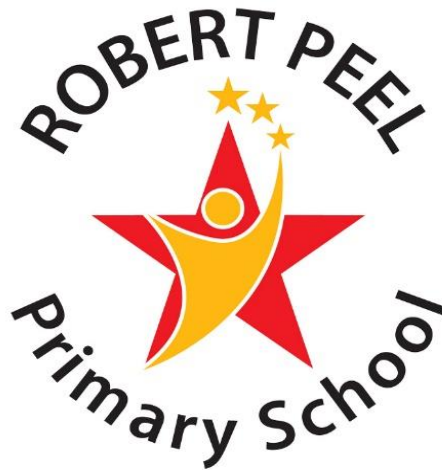


Robert Peel Primary School

Children & Staff Mental Health Policy



Date policy last reviewed: March 2024

Signed by:

_____ Headteacher Date: _____

_____ Chair of Governors Date: _____

Last updated: March 2024

Contents:

Statement of intent

1. Legal framework
2. Definitions
3. Roles and responsibilities
4. Creating a supportive whole-school culture
5. Teaching about Mental Health
6. Staff training
7. Identifying signs of Mental Health difficulties
8. Vulnerable groups
9. Mental Health and Wellbeing intervention and support
10. Suicide concern intervention and support
11. Signposting
12. Working with parents
13. Safeguarding

Statement of Intent

At Robert Peel Primary School, we are committed to promote positive mental health and wellbeing for every child and member of staff. We pursue this aim using a whole school approach to Emotional Health Wellbeing and Resilience.

This policy sets out a clear and consistent framework for delivering this promise.

It will be achieved by:

- Promoting positive mental health and emotional wellbeing in all childrens and staff.
- Promoting our school values and encouraging a sense of belonging and community.
- Adopting a whole school approach to mental health and providing support to any children that needs it.
- Supporting children to understand their emotions and experiences better.
- Ensure our children feel comfortable sharing any concerns and worries.
- Supporting children to form and maintain relationships.
- Encourage children to be confident and help to promote their self-esteem.
- Supporting children to develop resilience and ways of coping with setbacks.
- Celebrating both academic and non-academic achievements.
- Providing opportunities to develop a sense of worth and to reflect.
- Promoting our children's voices and giving them the opportunity to participate in decision-making.
- Celebrating each child for who they are and making every children feel valued and respected.
- Raising awareness amongst staff and children about mental health issues and their signs and symptoms.
- Enabling staff to respond to early warning signs of mental-ill health in children.
- Supporting staff who are struggling with their mental health.

1. Legal Framework

This policy has due regard to all relevant legislation and statutory guidance 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

This policy also has regard to the following Department for Education guidance:

- DfE (2021) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

This policy operates in conjunction with the following school policies:

- Child Protection & Safeguarding Policy
- SEND & Provision Policy
- Promoting Positive Behaviour Policy
- Supporting Children with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy
- Equality, Diversity and Inclusion Policy

2. Definitions

Mental Health is defined, as 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 contribute to his or her community. (World Health Organisation).

Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a child's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

- **Generalised anxiety disorder:** This is 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:** This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder (OCD):** This is 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:** This is 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:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a child's age.
- **Social phobia:** This is an intense fear of social or performance situations.
- **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

Depression: Depression refers to feeling excessively low or sad. Depression can significantly affect a child'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 child with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a child experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders: Hyperkinetic disorders refer to a child who is excessively easily distracted, impulsive or inattentive. If a child is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder:** This is a more restrictive diagnosis but is broadly similar to 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 and home.

Attachment disorders: Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Children suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

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

Eating disorders: Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

Substance misuse: Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

Deliberate self-harm: Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

Post-traumatic stress: Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

3. Roles & Responsibilities

The school's leadership as a whole is responsible for:

- **Preventing mental health and wellbeing difficulties:** By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental health and wellbeing of the school community and instil resilience in children. A preventative approach includes teaching children about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- **Identifying mental health and wellbeing difficulties:** By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.
- **Providing early support for children experiencing mental health and wellbeing difficulties:** By raising awareness and employing efficient referral processes, the school's leadership can help children access evidence-based early support and interventions.
- **Accessing specialist support to assist children with mental health and wellbeing difficulties:** By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.
- **Identifying and supporting children with SEND:** As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for children with mental health difficulties that amount to SEND.
- **Identifying where wellbeing concerns represent safeguarding concerns:** Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

The governing board is responsible for:

- Fully engaging children with mental health difficulties and their parents when drawing up policies that affect them.
- Identifying, assessing and organising provision for all children with mental health difficulties, whether or not they have an EHC plan.
- Designating an appropriate member of staff to be the SENDCo and coordinating provisions for children with mental health difficulties.
- Taking all necessary steps to ensure that children with mental health difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support children with mental health difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for mental health difficulties.
- Ensuring there are clear systems and processes in place for identifying possible mental health difficulties, including routes to escalate and clear referral and accountability systems.

The Headteacher is responsible for:

- Ensuring that those teaching or working with children with mental health difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that teachers monitor and review children's academic and emotional progress during the course of the academic year.
- Ensuring that the SENDCo/SEND Manager has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- On an annual basis, carefully reviewing the quality of teaching for children at risk of underachievement, as a core part of the school's performance management arrangements.
- Ensuring that staff members understand the strategies used to identify and support children with mental health difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against children with mental health difficulties.
- Establishing and maintaining a culture of high expectations and including children with mental health difficulties in all opportunities that are available to other children.
- Consulting health and social care professionals, children and parents to ensure the needs of children with mental health difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving children with mental health difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

The Mental Health lead 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 children and parents with regards to children's mental health and awareness.
- Collaborating with the SENDCo, Headteacher and governing board, as part of the SLT, to outline and strategically develop mental health policies and provisions for the school.
- Coordinating with the SENDCo and mental health support teams to provide a high standard of care to children 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 children with mental health difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, the LA, 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 mental health charities.
- Referring children with mental health difficulties to external services, e.g. specialist children and young people's mental health services (CAMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on children's education and wellbeing.
- Liaising with parents of children with mental health difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.

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

The SENDCo/SEND Manager are responsible for:

- Collaborating with the governing board, Headteacher and the mental health lead, as part of the SLT, to determine the strategic development of mental health policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the mental health and wellbeing Policy.
- Supporting the teachers in the further assessment of a child's particular strengths and areas for improvement, and advising on the effective implementation of support.

Teaching staff are responsible for:

- Being aware of the signs of mental health difficulties.
- Planning and reviewing support for their children with mental health difficulties in collaboration with parents, the SENDCO/SEND Manager and, where appropriate, the children themselves.
- Setting high expectations for every child 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 child achieving their full potential, and that every child with mental health difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the children in their class.
- Being aware of the needs, outcomes sought and support provided to any children with mental health difficulties.
- Keeping Headteacher, SENDCo/SEND Manager and Mental Health Lead up-to-date with any changes in behaviour, academic developments and causes of concern.

4. Creating a Supportive Whole-School Culture

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community. They ensure that there are clear policies and processes in place to reduce stigma and make children feel comfortable enough to discuss mental health concerns. Children and staff know where to go for further information and support should they wish to talk about their mental health difficulties or concerns over a peer's or family member's mental health or wellbeing.

The school's Promoting Positive Behaviour Policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

5. Teaching about Mental Health

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum, as part of the whole school approach.

The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

School ensure that mental health and emotional well-being issues are taught in a safe and sensitive manner, which helps rather than harms.

6. Staff Training

The SLT ensures that all teachers have a clear understanding of the needs of all children, including those with mental health difficulties.

The SLT promotes CPD to ensure that staff can recognise common symptoms of mental health difficulty, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

There are clear processes in place to help staff who identify mental health difficulties in children escalate issues through clear referral and accountability systems.

Staff receive training to ensure they:

- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a child demonstrating suicidal behaviour.
- To know what support is available for children and how to refer children to such support where needed.
- To know what support is available for staff and how to refer themselves to such support where needed.

7. Identifying Signs of Mental Health Difficulties

The school is committed to identifying children with Mental Health difficulties at the earliest stage possible. All staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties. These warning signs will always be taken seriously and staff who notice any of these signs will communicate their concerns with the Designated Safeguarding Leads, SENDCo/SEND Manager or the Mental Health Lead as appropriate.

Staff members are aware of the signs that may indicate if a child is struggling with their Mental Health. The signs of mental health difficulties may include, but are not limited to, the following list:

- Physical signs of harm.
- Changes in eating and sleeping habits.
- Increased isolation from friends, family, and becoming socially withdrawn.
- Changes in mood.
- Talking and/or joking about self-harm and/or suicide.
- Drug and alcohol abuse.
- Feelings of failure, uselessness, and loss of hope.
- Secretive behaviour.
- Clothing unsuitable for the time of year, e.g. a large winter coat in summer.
- Negative behaviour patterns, e.g. disruption.
- Staff will also be able to identify a range of issues, including:
- Attendance and absenteeism.
- Punctuality and lateness.
- Changes in educational attainment and attitude towards education.
- Family and relationship problems.
- Avoiding risks
- Unable to make choices
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Speech anxiety/reluctance to speak
- Task avoidance
- Restlessness/over-activity
- Non-compliance
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

Staff members understand that familial loss or separation, significant changes in a child's life or traumatic events are likely to cause mental health difficulties.

When the school suspects that a child is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish a clear analysis of the child's needs.
- A plan is set out to determine how the child will be supported.
- Action is taken to provide that support.

- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary.

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

Where necessary, the school is made aware of any support programmes GPs are offering to children who are diagnosed with SEMH difficulties, especially when these may impact the child's behaviour and attainment at school.

Staff members discuss concerns regarding SEMH difficulties with the parents of children who have SEMH difficulties.

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

Staff members take any concerns expressed by parents, other children, colleagues and the child in question seriously. These concerns will be discussed with the mental health lead/head teacher/ SENDCo.

All assessments are in line with the provisions outlined in the school's SEND Policy.

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

Staff members promote resilience to help encourage positive mental health and wellbeing.

Staff members will observe, identify and monitor the behaviour of children potentially displaying signs of mental health and wellbeing difficulties; however, **only medical professionals** will make a diagnosis of a mental health condition.

An effective pastoral system is in place so that every child is well known by at least one member of staff, for example, a form tutor, who can spot where disruptive or unusual behaviour may need investigating and addressing.

Staff members are mindful that some groups of children are more vulnerable to mental health difficulties than others; these include LAC, children with SEND and children from disadvantaged backgrounds.

8. Vulnerable Groups

Some children are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

Staff are aware of the increased likelihood of SEMH difficulties in children in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Children who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- LAC
- Previously LAC (PLAC)
- Socio-economically disadvantaged children, including those in receipt of, or previously in receipt of, free school meals and the child premium.

9. Mental Health & Wellbeing Intervention & Support

School have a range of provision available to support any children who are experiencing high levels of psychological stress, or who are at risk of developing mental health difficulties, including:

- Teaching about mental health and wellbeing, promoting resilience and confidence through curriculum subjects such as: PSHE
- Mentoring.
- Drawing and Talking therapy.
- Sand tray therapy.
- Emotions and Feelings groups.
- Art/Play therapy.
- Forest school/Nurture.
- Forest School lunchtime club.
- Open door lunchtime wellbeing group.
- Sunshine Circles.
- Stormbreak.
- Hamish and Milo.
- Wellbeing information board.

There is organisations available for children to access Mental Health and Wellbeing support:

- Child and Adolescent Mental Health Service (CAMHS)
- CHUMs mental health and emotional wellbeing service for children and young people.
- 0 -19 School nursing team.
- Young minds.
- Kooth – online support for young people.
- ChatHealth – text messaging advice for young people aged 11-19 years old.

Serious cases of mental health difficulties are referred to CAMHS. To ensure referring children to CAMHS is effective, the process below is followed:

- Use a clear, approved process for identifying children in need of further support
- Document evidence of their mental health difficulties
- Encourage the child and their parents to speak to the child's GP
- Work with local specialist CAMHS to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CAMHS in determining whether a child 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 children whose needs aren't so severe that they require specialist CAMHS.

10. Suicide Concern Intervention & Support

Where a child discloses suicidal thoughts or a teacher has a concern about a child, teachers should:

- Listen carefully, remembering it can be difficult for the child to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.
- Be non-judgemental, making sure the child knows they are being taken seriously.
- Be open, providing the child a chance to be honest about their true intentions.
- Record details of their observations or discussions and share them with the DSL.

Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the child's parents are contacted.

Medical professionals, such as the child's GP or School Nurse, are notified as needed.

The DSL and any other relevant staff members, alongside the child and their parents, work together to create a safety plan outlining how the child is kept safe and the support available.

Safety plans:

- Are always created in accordance with advice from external services and the child themselves.
- Are reviewed regularly by the DSL.
- Can include reduced timetables or dedicated sessions with counsellors.

11. Signposting

School ensures that all staff, children and parents are aware of sources of support within school and in the local community.

Within school, relevant sources of support are displayed in communal areas such as common rooms and provide relevant links on the school website. School will regularly highlight sources of support to children within relevant parts of the curriculum. Whenever school highlight sources of support, the chance of children seeking support increases and ensures children understand:

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

12. Working with Parents

The school works with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.

The school ensures that children and parents are aware of the mental health support services available from the school.

Parents and children are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CAMHS, CHUMs, voluntary organisations and other sources.

13. Safeguarding

All staff are aware that mental health and wellbeing difficulties can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

If a staff member has a mental health concern about a child that is also a safeguarding concern, they take immediate action in line with the Child Protection and Safeguarding Policy.