**Kempshott Junior School**

**Mental Health and Wellbeing policy**

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| Policy Ratified by Governing Body |  | Review yearly |
| Date of Review |  |  |
| Date of Next Review |  |  |

**1 - Definition of mental health and wellbeing**

We use the World Health Organisation’s definition of mental health and wellbeing:

“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”.

Mental health is not just the absence of mental health problems. We want all children/young people to:

* feel confident in themselves
* be able to express a range of emotions appropriately
* be able to make and maintain positive relationships with others
* manage times of stress and be able to deal with change
* learn and achieve

**2 - Aims**

At Kempshott Junior School, we are committed to supporting the mental health and wellbeing of pupils, parents, carers, staff and other stakeholders.

* Set out the schools approach to promoting positive mental health and wellbeing for all staff and pupils.
* Provide guidance to staff on their role in supporting pupils’s mental health and wellbeing, including how they can foster and maintain an inclusive culture in which pupils feel able to talk about and reflect on their experiences of mental health
* Support staff to identify and respond to early warning signs of mental health issues
* Inform pupils and their parent/carers about the support they can expect from our school in respect of pupils’ mental health and wellbeing, and provide them with access to resources

This policy was written in consultation with…

The policy should be read alongside:

* SEND policy
* Behaviour policy
* Anti-bullying policy
* Child protection and safeguarding policy

**3 - Roles and Responsibilities**

All staff are responsible for promoting positive mental health and wellbeing across our school and for understanding risk factors. If any members of staff are concerned about a pupil’s mental health or wellbeing, they should inform the designated safeguarding lead (DSL) or SENDCo.

Certain members of staff have extra duties to lead on mental health and wellbeing in school. These members of staff include:

* SENDCo – Sam Clifton
* Senior Mental Health Lead – Catherine O’Neill
* ELSA/Inclusion Manager – Kerry Williams
* PSHE lead – Aylish McIntyre
* Designated safeguarding lead (DSL) – Fiona Craig & Deputy designated safeguarding leads (DDSL) – Kerry Williams & Sam Clifton

**4 -Supporting pupils**

4.1 Baseline support for all pupils

As part of our school’s commitment to promoting positive mental health and wellbeing for all pupils, our school offers support to all pupils by:

* Raising awareness of mental health during assemblies, PSHE and mental health awareness week or focus days
* Have open discussions about mental health during lessons
* Providing pupils with opportunities to provide feedback on any elements of school that is negatively impacting their mental health
* Monitoring pupils’ mental health through assessments and questionnaires
* Appointing a senior mental health lead with a strategic oversight of our whole school approach to mental health and wellbeing
* Making classrooms a safe space to discuss mental health and wellbeing through strategies such

4.2 Teaching pupils about mental health

The skills, knowledge and understanding our pupils need to keep themselves, and others, physically and mentally healthy and safe are delivered through the PSHE curriculum and through assemblies and focus days linked to our learning behaviours.

We use the SCARF (Safety, Caring, Achievement, Resilience, Friendship) program for PSHE in school and this progressive curriculum supports children to become successful learners, confident individuals and responsible citizens. The scheme is broken down into six main areas and come under the headings:

* Me and my relationships
* Valuing differences
* Keeping myself safe
* Rights and responsibilities
* Being my best
* Growing and changing

We recognise that as well as providing children with clear curriculum structures and specific lessons designed to meet their mental health and wellbeing needs, there may be times when children and parents might need additional support and guidance.

If a member of staff is specifically concerned about the mental health or wellbeing of a student, in the first instance they should speak to the SENDCo. They will advise the member of staff on various way the child can be supported.

4.3 - Responding to concerns – in school support and signposting external support

1. In class support

This will be provided by the class teacher or LSA. This low level support may be enough to support children with more straightforward challenges in the classroom. If teaching staff are concerned about the wellbeing of a child in their class, they will liaise with the SENDCo, Inclusion manager or mental health lead so that appropriate strategies and support can be put in place. Examples might include: Worry boxes, circle time etc.

1. Internal support

This may include specific focused ELSA support or intervention which could be delivered on an individual basis or as part of a small group input. Intervention programmes may include work related to self-esteem, social skills, friendship, transition, anxiety and relaxation and recognising emotions. These interventions are delivered for a fixed length of time and are designed to give children the tools that they need to be able to better manage specific situations. Pupils will be offered support that is tailored to their needs as part of a graduated approach. The support offered at our school includes:

* Reduced timetable
* Nurture groups
* Time-out passes

1. External referrals

If a pupil’s needs cannot be met by the internal offer our school provides, our school will make or encourage parents/carers to make, a referral for external support.

A pupil could be referred to:

* Their GP or pediatrician
* EHH (early help hub)
* CAHMs
* Mental health charities (e.g. Samaritans, Mind, Young Minds)
* Local counselling services

**NB** – If there is a concern that the student is high risk or in danger of immediate harm, the school’s child protection procedures will be followed.

4.4 - Signposting

As a school we will ensure that staff, students and their parent/carers are aware of the support and services that ate available to them and how they can access these services. Within school (noticeboards, workshops etc.) and through our communication channels (newsletters, school website) we will share and display relevant information about local and national events.

**5 - Warning signs**

Staff may become aware of warning signs which indicate a student is experiencing mental health or wellbeing issues. These warning signs should always be taken seriously and staff observing ant of these warning signs should alert the SENDCo, Inclusion manager or mental health lead.

Possible warning signs, could include:

* Physical signs of harm that are repeated or appear non-accidental
* Changes in eating and sleeping habits
* Increased isolation from friends or family
* Becoming socially withdrawn
* Changes in mood and activity
* Lowering of academic achievement
* Talking or joking about self-harm or suicide
* Expressing feelings of failure, uselessness or loss of hope
* Lateness to, or absence from school or an increase in absences/lateness
* Repeated physical pain or nausea with no evident cause
* Secretive behaviour

**6 – Managing disclosures**

If a pupil makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring. The response of staff will be in line with our child protection/safeguarding policy and safeguarding processes will be followed at all times.

Any disclosures should be recorded confidentially onto CPOMs and shared with either the DSL or DDSLs. The DSL/DDSLs will then consider the next course of action in line with current county guidelines.

**7 – Supporting and collaborating with parents/carers**

We will work with parents/carers to support pupil’s mental health by:

* Asking parents/carers to inform us of any mental health needs their child is experiencing, so we can offer the right support
* Informing parents/carers of mental health concerns that we have about their child
* Engaging with parents/carers to understand their mental health and wellbeing issues, as well as that of their child, and support them accordingly to make sure there is holistic support for them and their child
* Highlighting sources of information and support about mental health and wellbeing on our school website, including the mental health and wellbeing policy
* Liaising with parents/carers to discuss strategies that can help promote positive mental health in their child
* Providing guidance to parents/carers on navigating and accessing relevant local mental health services or other sources of support
* Keeping parents/carers informed about the mental health topics their child is learning about in PSHE, and share ideas for extending and exploring this learning at home

When informing parents/carers about any mental health concerns we have about their child, we will endeavour to do this face-to-face.

These meetings can be difficult, so our school will ensure that parents/carers are given time to reflect on what has been discussed, and that lines of communication are kept open at the end of the meeting.

A record of what was discussed, and action plans agreed upon in the meeting will be recorded and added to the pupil’s confidential record on CPOMs.

**8 – Supporting Peers**

Watching a friend experience poor mental health can be very challenging for pupils. To keep peers safe, we will consider on a case by case basis which friends may need additional support. We will review the support offered on a case-by-case basis. Support might include:

* Strategies they can use to support their friends
* Things they should avoid saying/doing
* Warning signs that they friends may need help
* Where and how they can get support

**9 – Supporting Staff**

We recognise that supporting pupil’s experiencing poor mental health can affect staff member’s own mental health and wellbeing. To help with this we will:

* Treat mental health concerns seriously
* Support staff experiencing poor mental health themselves
* Create a pleasant and supportive work environment
* Access to Hampshire council support services

**10 – Training**

All staff will receive regular training so that they:

* Have a good understanding of what pupil’s mental health needs are
* Know how to recognise warning signs of mental health
* Know process to follow if they identify a pupil as needing help

**Monitoring & review**

The Head Teacher monitors the effectiveness of this policy on a regular basis. S/he also reports to the Governing Body on the effectiveness of the policy and, if necessary, makes recommendations for further improvements.

The Governing Body reviews this policy yearly. The Governors may, however, review the policy earlier than this if the Government introduces new regulations, or if the Governing Body receives recommendations on how the policy might be improved.

**Appendices**

**Appendix 1** – Protective and Risk Factors (adapted from Mental Health and Behaviour DfE March 2016)

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|  | **Risk Factors** | **Protective Factors** |
| **In the Child** | • Genetic influences  • Specific development delay  • Communication difficulties  • Physical illness  • Academic failure  • Low self-esteem  • SEND | • Being female (in younger children)  • Secure attachment experience  • Outgoing temperament as an infant  • Good communication skills, sociability  • Being a planner and having a belief in control  • Humour  • Problem solving skills and a positive attitude  • Experiences of success and achievement  • Faith or spirituality  • Capacity to reflect |
| **In the Family** | • Overt parental conflict including domestic violence  • Family breakdown (including where children are taken into care or adopted)  • Inconsistent or unclear discipline  • Hostile and rejecting relationships  • Failure to adapt to a child’s changing needs  • Physical, sexual, emotional abuse or neglect  • Parental psychiatric illness  • Parental criminality, alcoholism or personality disorder  • Death and loss – including loss of friendship | • At least one good parent-child relationship (or one supportive adult)  • Affection  • Clear, consistent discipline  • Support for education  • Supportive long-term relationship or the absence of severe discord |
| **In the School** | • Bullying  • Discrimination  • Breakdown in or lack of positive friendships  • Negative peer influences  • Peer pressure • Poor pupil to teacher relationships | • Clear policies on behaviour and bullying  • ‘Open door’ policy for children to raise problems  • A whole-school approach to promoting good mental health  • Positive classroom management  • A sense of belonging  • Positive peer influences |
| **In the Community** | • Socio-economic disadvantage  • Homelessness  • Disaster, accidents, war or other overwhelming events  • Discrimination  • Other significant life events | • Wider supportive network  • Good housing  • High standard of living  • High morale school with positive policies for behaviour, attitudes and anti-bullying  • Opportunities for valued social roles  • Range of sport/leisure activities |

**Appendix 2** – Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs Mental Health and Behaviour in School DfE March 2016

<https://www.gov.uk/government/publications/mental-health-and-behaviour-inschools--2>

Annex C includes definitions, signs and symptoms and suggested interventions for:

• Anxiety (including panic attacks, phobias and Obsessive-Compulsive Disorder OCD)

• Depression

• Eating Disorders

• Substance Misuse

• Self-Harm

The DfE guide does not include specific information on suicidal thought

Suicidal Thoughts

Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

**Appendix 3 – Where to get information and support**

For support on specific mental health needs

• Anxiety UK www.anxietyuk.org.uk OCD UK [www.ocduk.org](http://www.ocduk.org)

• Depression Alliance [www.depressoinalliance.org](http://www.depressoinalliance.org)

• Eating Disorders www.b-eat.co.uk and [www.inourhands.com](http://www.inourhands.com)

• National Self-Harm Network [www.nshn.co.uk](http://www.nshn.co.uk)

• Self-Harm [www.selfharm.co.uk](http://www.selfharm.co.uk)

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

For general information and support

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

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

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

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

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