Whitstable Junior School

Positive Mental Health Policy

Governors' Committee Responsible: Curriculum Committee

Policy Originator: AHT / SENCO

Status: Non-Statutory

Review Period: Every 3 Years

Date approved: May 2020

Next review date: May 2023

Signed: _____ **Chair of Governors**

Signed: _____ **Headteacher**

Policy Statement

'Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.' (World Health Organization)

At Whitstable Junior School, we aim to promote positive mental health for every member of our staff and our children. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable children.

The importance of mental health is recognised within the School Development Plan with the aim of creating a successful mental health strategy to ensure that children receive the mental health support they need quickly and efficiently.

The school intends to test its developing provision and current systems for mental health through the application for The Carnegie Centre of Excellence for Mental Health in Schools. It is a whole school award, which focusses on ensuring effective practice and provision is in place that promotes the emotional wellbeing and mental health of both staff and children. The award has focus on changing the long-term culture of a school, and embedding an ethos where mental health is regarded as the responsibility of all.

With this award we will demonstrate that we are committed to:

 • Promoting mental health as part of school life

 • Improving the emotional wellbeing of our staff and children

 • Ensuring mental health problems are identified early and appropriate support provided

 • Offering provision and interventions that matches the needs of our children and staff

 • Engaging the whole-school community in importance of mental health awareness

 • Capturing the views of parents, carers, children and staff on mental health issues

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 children affected both directly and indirectly by mental ill health.

Scope

This document describes Whitstable Junior School's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with the following policies:

- Safeguarding Policy
- Teaching and Learning Policy
- Attendance Policy
- SEND Policy

The Policy Aims to:

- Promote positive mental health in all staff and children
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to children suffering mental ill health and their peers and parents or carers

Leadership

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

- Headteacher – Designated Safeguarding Lead
- AHTs- Deputy Designated Safeguarding Lead
- AHT/SENCO - Mental Health Lead
- Well-being Mentor
- Family Liaison Officer/Play Therapist

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the mental health lead in the first instance. If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed. If the child presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by AHT/SENCO

Individual Care Plans

The school may decide to draw up Individual care plan for children causing concern or who receive a diagnosis pertaining to their mental health. This must be drawn up involving the student, the parents, carers and guardians and relevant health professionals.

This can include:

- Details of a child's condition

- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

Strategies to enhance self-esteem/promote social and emotional wellbeing

Our Well Being Team offers:

Well Being Mentors (WBM) offer support based on a therapeutic model. This may include:

- 1:1 support within class, but time limited
- An agreed period of time withdrawn from class – one off or a planned programme e.g. friendship groups, anger management, social skills, self-esteem, restorative work
- Light touch – child returns to class after given time limit to be successful
- WBM makes brief return visits to reinforce
- Short de-briefing takes place between WBM & teacher
- Small group/paired work on a set target/focus e.g. social skills, Emotional Literacy
- Being an advocate – meeting children at the gate, sharing success with parents & other staff – catching them being good!
- Rapid response team – responding to inappropriate behaviour
- Offering structured support for breaks/lunch times
- Games Zone—structured supervised play at lunch
- Play Therapy - limited access dependent on priorities.
- Playground Buddies scheme training & development
- Family support
- Bereavement support
- Support with issues around attendance

Our Family Liaison Officer (FLO) can access support from a range of outside agencies including:

- Early Help, to support parents & families
- Young Healthy Minds—working with older children
- Rising Sun—domestic abuse
- Stonham Housing
- Food bank
- Umbrella Centre Whitstable—holiday clubs

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 developmental PSHE curriculum.

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 children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will also recognise and celebrate national and world mental health awareness days.

Signposting

We will ensure that staff, children and parents are aware of sources of support within school and in the local community. We have a designated Mental Health area on our school website. Here, parents are able to find current information regarding mental health and where to find support.

We will regularly highlight sources of support to children within relevant parts of the curriculum and in other presentations and assemblies. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring 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

Warning Signs

School staff may become aware of warning signs which indicate a child is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with The Well-Being Team or the DSL and by recording concerns on CPOMS

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement

- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

A child may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure. Please follow the normal safeguarding procedures found in our safeguarding policy.

Managing Expectations

Mental health issues can be ongoing for a long time. They can influence a child's ability to access learning. We need to ensure that all members of staff are familiar with children who are suffering from mental health and provide information that helps manage expectations of affected children in order to ensure those children are not placed under undue stress which may exacerbate their mental health issues. In addition to the Well-Being Team, teachers will play a significant part in monitoring these identified children, taking a holistic approach which may include considering issues addressing:

- Academic achievement
- Absence and lateness
- Access to extra-curricular activities including sport
- Duration and pace of recovery
- Ability to interact and engage within lessons

Working with 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 child 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 child 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

Staff 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 children safe.

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 developing situations with one or more children.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Further Information and Sources of Support about Common Mental Health Issues

Prevalence of Mental Health and Emotional Wellbeing Issues:

• 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, carers and guardians but they are listed here because we think they are useful for school staff too.

Types of Mental Health

Self-Harm

Self-harm describes any behaviour where a child 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 children with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves. Online support includes: www.selfharm.co.uk/National www.nshn.co.uk/

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 day-to-day activities. Online support includes: www.mind.org.uk/about-us/what-we-do/depression-alliance/

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 include: www.anxietyuk.org.uk/

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 child 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 includes: www.ocduk.org/ocd/

Suicidal Feelings

Children 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 children die suddenly from suicide apparently out of the blue. Online support include: www.papyrus-uk.org www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

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 child experiences day to day. Some children develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other children, 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 includes: www.b-eat.co.uk/about-eating-disorders/

Policy Review

This policy will be reviewed every 3 years as a minimum.