Waterbeach Community Primary School

**Policy: Emotional Health
and
Well-being at
Waterbeach
Community Primary
School**

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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 our school, we aim to promote positive mental health for every member of our school community. We pursue this aim using whole-school and targeted approaches for those in need of additional support. In addition to promoting positive mental health and well-being, we aim to recognise and respond to mental ill-health. By developing and implementing this policy and associated procedures we hope to promote a safe and stable environment for everyone affected both directly, and indirectly by mental-ill health.

Scope

This document describes the 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 our SEND, medical, behaviour and safeguarding policies when concerns also cover these areas.

The Policy Aims to:
♣ Promote positive mental health in staff and students
♣ 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 children with mental health issues
♣ Provide support to students suffering mental ill health and their peers and parents/carers

Lead Members of Staff/Governors

All staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:
♣ Jane Green, Lynsey Ogilvie, Caroline Rutherford and Helen Scrivner - Designated Child Protection Officers
♣ Helen Scrivner – Inclusion Manager & Mental Health Lead
♣ Lynsey Ogilvie - Lead First Aider
♣ Helen Scrivner, Caroline Rutherford, Laura McCleod (and Andrew Stafford: Mental Health First Aid for Adults): Well-being Team
♣ Carey Conroy / Laura Fitch – PSHE Leaders
♣ Caroline Rutherford – Parent Liaison
♣ Jess Lechner – Lead Governor for mental health and wellbeing.

Any member of staff who is concerned about the mental health or wellbeing of a student should record their worries on My Concern. If there is a fear that the student is in danger of immediate harm, this should include an urgent referral to a designated child protection officer in person. If the student 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 Ingrid Tregoing, mental health lead.

Individual Pupil Profiles

We may choose to draw up an individual pupil profile for pupils causing 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 when available). This can include:
• Details of a pupil'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

Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum developed for Cambridgeshire schools. This has an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as

needed, for themselves or others. We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. Details of who the support is aimed at, and how to access it is outlined in Appendix 2. We aim to contact all parents annually with this information. We will display relevant sources of support in school and will regularly highlight sources of support to students within relevant parts of the curriculum.

Warning Signs

School staff may become aware of warning signs (Appendix 1) which indicate a member of the school community 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 on My Concern. Staff have been trained in recognising possible warning signs which may include

♣   Physical signs of harm that are repeated or appear non-accidental
♣   Changes in eating/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 student 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?'

All disclosures should be recorded on My Concern.

This 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 will be available to the mental health lead, who will review the record and offer support and advice about next steps if needed. Non-urgent records will be reviewed weekly by members of safeguarding and wellbeing teams.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we decide it is necessary for us to pass our concerns about a child or adult on then we should discuss with them:

♣ 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 anyone 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 such as when students are in danger of harm. It is always advisable to share disclosures with a colleague, as 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 student and discuss with them who it would be most appropriate and helpful to share this information with.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but a child protection officer [J Green, L Ogilvie or C Rutherford] must be informed immediately.

Working with Parents when there is a Concern

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

♣ Can the meeting happen face to face? This is preferable.
♣ Where should the meeting happen? At school, at their home or somewhere neutral?
♣ Who should be present? Consider parents, the student, other members of staff.
♣ What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should always highlight further sources of information and give them leaflets to take away, or details of helplines and forums where possible.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with an agreed next step and always keep a brief record of the meeting on the child's record.

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 get 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 regular workshops and drop-in sessions
♣ 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 student 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 by 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/saying which may inadvertently cause upset
♣ Warning signs that their friend 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 in order to enable them to keep students safe. We will encourage further study and training opportunities for staff who wish to learn more about mental health.

Training opportunities 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 students.

Staff Support and Well-being

Well-being levels are strongly related to work stress and we aim to manage aspects of work which are known to cause stress:

- Demands
  School leaders aim to schedule activities such as report-writing to times that are not already busy, and to give teachers protected time to complete these where possible. Replies to emails are expected within 3 working days and no employee is expected to check or respond to emails at weekends.
- Control and change
  The leadership team are committed to facilitating consideration and consultation before a new initiative is introduced. Training will be provided when new systems are introduced. Staff are encouraged to go on training courses to develop subject knowledge and professional development. An effective induction schedule is in place for new staff. In-house counselling support is available to staff.
- Relationships
  The leadership team are committed to promoting positive professional relationships and aim to manage conflict competently. Together with the governors, complaints will be taken seriously and investigated. Staff will be offered support following difficult incidents such as accidents or abusive behaviour (by adults or children).

Review

This policy will be reviewed every 3 years. It is next due for review in January 2023.

Appendix 1

Signs and symptoms of common mental ill-health conditions

Depression	**Anxiety**
• Feeling sad or having a depressed mood • Loss of interest or pleasure in activities once enjoyed • Changes in appetite — weight loss or gain unrelated to dieting • Trouble sleeping or sleeping too much • Loss of energy or increased fatigue • Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others) • Feeling worthless or guilty • Difficulty thinking, concentrating or making decisions • Thoughts of death or suicide	• Palpitations, pounding heart or rapid heart rate • Sweating • Trembling or shaking • Feeling of shortness of breath or smothering sensations • Chest pain • Feeling dizzy, light-headed or faint • Feeling of choking • Numbness or tingling • Chills or hot flashes • Nausea or abdominal pains
Obsessive-compulsive disorders Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions: • 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. • 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. • 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. • 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. • Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.	**Eating Disorders** *Anorexia Nervosa:* 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: • Menstrual periods cease • Hair/nails become brittle • Skin dries and can take on a yellowish cast • Internal body temperature falls, causing person to feel cold all the time • Depression and lethargy • Issues with self-image /body dysmorphia *Bulimia Nervosa:* Patients binge eat frequently, and then purge by throwing up or using a laxative. • Chronically inflamed and sore throat • 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 • Constant vomiting causes gastroesophageal reflux disorder • Severe dehydration from purging of fluids

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.

Appendix 2: Information for parents

Wellbeing @ Waterbeach

When we have higher levels of wellbeing we may be feeling happy, healthy, socially connected and purposeful. The general trend in schools however points to an increase in stress levels and lower emotional wellbeing. At Waterbeach School, we aim to support all our school community through a variety of means, ranging from policy and quality in-house provision to signposting and working with outside agencies. We have created this handy guide to help parents understand our aims and find out more about what is available for families and children.

We have responded to the growing need for wellbeing support through the creation of our Wellbeing Team, led by Mrs Tregoing. We have chosen to work towards an 'Excellence for Mental Health in Schools Award' this year as a celebration of what we do well, and as a framework to help us improve our provision even further.
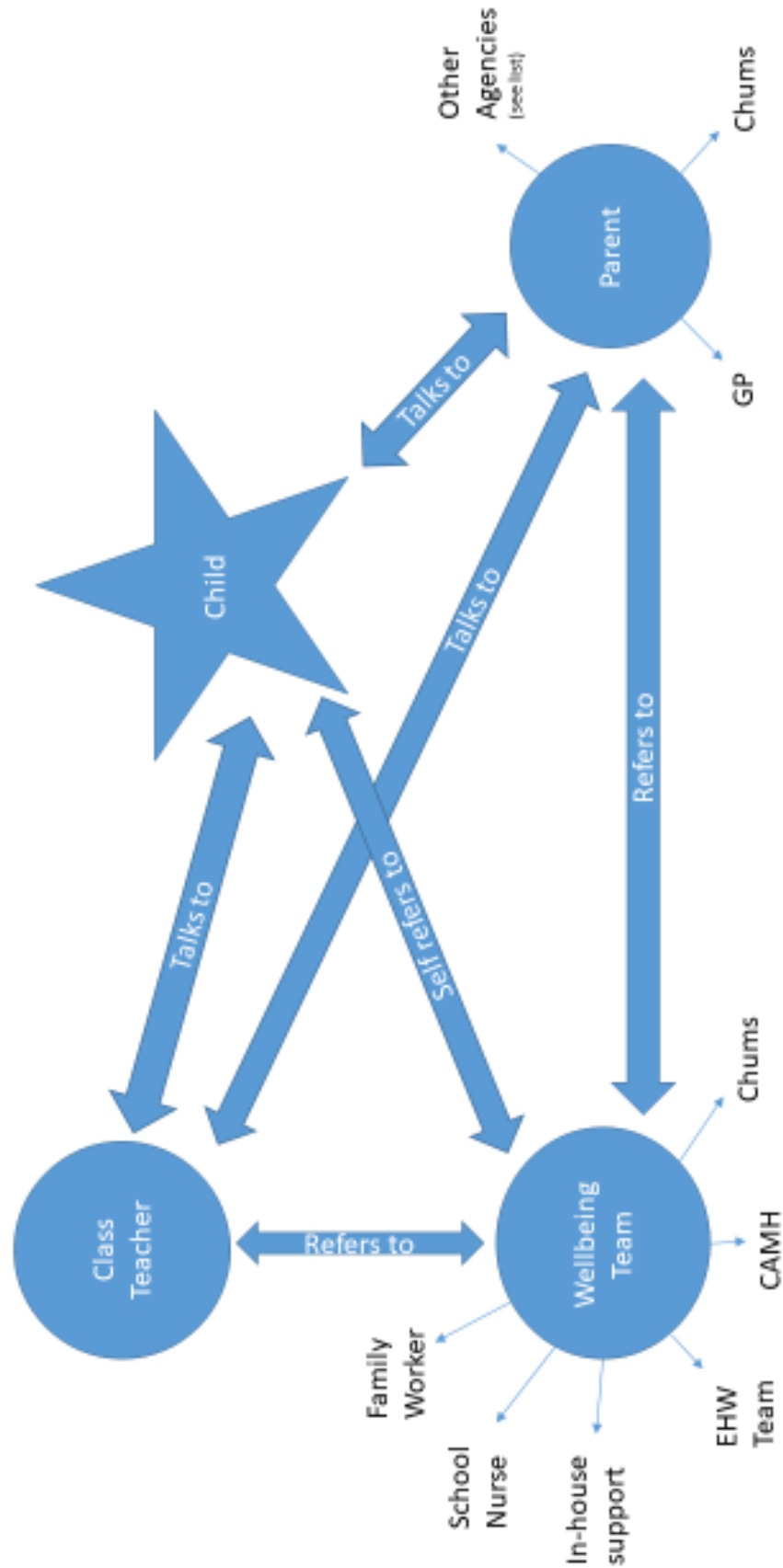
What happens when I have a concern?

In the first instance it is good practice to talk to your child's class teacher: it is quite possible that they will be able to support your child with a variety of strategies as part of their day to day contact.

For more persistent or significant concerns, you may choose to access some of the support detailed in this document (such as CHUMS), and you or your child's class teacher may make a referral to the school wellbeing team.

If there is ever an occasion where you feel that your child is at significant risk of harm due to their mental health, it is important to let Miss Green, Mrs Ogilvie or Mrs Tregoing know so that immediate arrangements can be made.

Who can support my child?

Diagram of support network:

- **Child** (star) — Talks to — **Parent**
- **Child** — Talks to — **Class Teacher**
- **Child** — Self refers to — **Wellbeing Team**
- **Class Teacher** — Refers to — **Wellbeing Team**
- **Wellbeing Team** — Refers to — **Parent**
- **Parent** links to: Other Agencies (see list), Chums, GP
- **Wellbeing Team** links to: Family Worker, School Nurse, In-house support, EHW Team, CAMH, Chums

What is on offer at school to promote emotional wellbeing and positive mental health?

- Our Emotional Wellbeing policy sets out our aims, roles and responsibilities. It is available to read on the website!
- The Wellbeing Team organizes in-house support for children such as nurture groups and mentoring.
- We are able to refer to a variety of agencies such as the school nursing team, CAMH, family workers, Emotional Wellbeing Team and community paediatrics.
- We employ a trained children's counsellor who visits the school weekly.
- Our school celebrates success in our Friday assemblies and through open classroom events.
- We have a clear behaviour policy with consistent sanctions and rewards.
- Our house system promotes a sense of belonging and team work and serves as a bridge between our school and CVC
- Older children may take part in the SHINE award
- We promote healthy eating at lunch and snack time, and ensure that the children are as active as possible during the week through designated PE lessons and 'active learning'
- We have improved our PSHE delivery to ensure that it is delivered throughout the school year, by the class teacher, and linked to our whole school assemblies and themes
- We are trying hard to make the most of our school environment, with encouraging displays about wellbeing and 'safe spaces' to talk
- We have regular opportunities to hear the 'student voice' through our school council and frequent questioning of the children
- Our safeguarding procedures are robust and understood well throughout the school. Designated persons meet weekly at a minimum to discuss the current caseload.
- Our Lego-Wall provides a supervised alternative space for those children wanting an indoor small-group lunch break
- We facilitate a number of extra-curricular activities ranging from Yoga, to Rocksteady, Book and a biscuit, Friendship club, Colouring Club, Stepping Stones, and a number of sports/dance sessions
- We work closely with the locality team to support families both at home and school
- Our lunchtime club 'The Zone' provides a safe and stimulating environment for learning about resilience, self-regulation and relationships
- We offer 1:1 mentoring when appropriate to address specific areas of need
- Our school counsellor offers bespoke therapy to individuals in need
- There is a clear wellbeing referral system in place within school which is used by students (for self-referral) and staff

Outside Agencies and Free Sources of Support

CHUMS: Mental Health and Emotional Wellbeing Service for Children and Young People.
http://chums.uk.com/

Keep Your Head: Cambridgeshire and Peterborough Children and Young People's mental health.
https://www.keep-your-head.com/cyp

Centre 33: Supporting young people through Young Carers groups (from age 8).
http://centre33.org.uk/