



Mental Health and Well-being Policy

Key Document Details

School Name: Gorse Hill 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 Organisation)

At our school, we aim to promote positive mental health for all. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health.

Vision

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 policy (where a pupil has an identified special educational need), the school's behaviour policy, safeguarding policy and PSHE and RSHE policies.

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- 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 pupils suffering mental ill health and their peers and parents/carers

Our CARE Values

At Gorse Hill School, we encourage all members of our community to 'be the best version of themselves, all of the time.' We do this through the teaching and living of our CARE Values which encourage our pupils to take care of themselves, others and the environment they live in. The well-being of our pupils is of utmost importance to us and we use our CARE Values as a vehicle to promote and support our children's personal development, well-being and safety.



Lead Members of Staff

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

- Luke Graham - Designated Safeguarding Officer and Principal
- Becky Thompson – SENCO, Mental Health Lead, Mental Health First Aider
- Kayleigh Falvo – PSHE/RSHE Lead
- Ros Ginger – Inclusion Manager, Mental Health First Aider
- Lisa Sims – ELSA/Learning mentor – Key Stage 2
- Claire Jordan – ELSA/Learning mentor – Key Stage 1
- Ian Cooke - Mental Health and Wellbeing Governor

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a member of the designated safeguarding team in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to a member of the designated safeguarding team (DSL – Designated Safeguarding Lead / DDSL Deputy Designated Safeguarding Lead). If the pupil 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 TAMHS/CAMHS is appropriate, this will be led and managed by the SENCO/Mental Health Lead.

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE/RSHE 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 pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the Jigsaw program and planning for PSHE/RSHE to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. Please refer to our RSHE policy for more information on the RSHE at Gorse Hill School.

Accessing Support

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.

We will display relevant sources of support in communal areas such as corridors and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. The website also has links to support and information for parents and staff to access.

Warning Signs

Staff at Gorse Hill cannot act as mental health experts and we do not diagnose conditions, as a school we have clear processes for identifying possible mental health problems. School staff may become aware of warning signs which indicate a pupil is experiencing ill mental health conditions 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 a member of the safeguarding team.

Possible warning signs 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 secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Changes in behaviours which may become more challenging/disruptive or subdued and introverted

Additional information can be found by clicking the following link "[Mental Health red lights in children and young people – guidance for staff and parents on what to look out for](#)".

We recognise that all pupils can be affected by mental health and emotional well-being concerns, but understand that there are groups of children who are at greater risk. These groups include pupils with SEN, children supported by social care, socio-economic disadvantaged pupils and pupils with links to trauma and adversity. The DfE identified risk and protective factors that can put children at increased risk or make children more resilient. Appendix 1

Managing disclosures

A pupil 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 pupil 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 pupil's emotional and physical safety rather than of exploring 'Why?'

This information should be shared directly with a member of the safeguarding team who will take the appropriate actions.

Staff must ensure that all disclosures should be recorded on Cpoms under the category Cause for Concern and include

- Main points from the conversation
- Agreed next steps

Parents will always be informed if there has been a mental health concern and pupils may choose to tell their parents themselves with support from school staff if required. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but a member of the safeguarding team must be informed immediately and the Safeguarding protection policy adhered to.

Working with Parents

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 pupil, other members of staff and other significant adults.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's challenges and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect. We should always highlight further sources of information and provide any relevant information to take away, where possible, as they will often find it hard to take much in whilst coming to terms with the information being shared.

Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums. We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call as parents often have many questions as they process the information. Each meeting should be finished with agreed next step or steps and a brief record kept of the meeting on the child's confidential record.

Individual Mental Health Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis from a medical professional, pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. 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
- The role that the parents/carers can play

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 we will:

- Ensure that all parents are aware of who to talk to, and how to get information about this, if they have concerns about their own child or another child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through the school website.
- 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 pupil 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 pupil who is suffering and, where appropriate, 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 needs 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 pupils 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 to developing situations with one or more pupils.

Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD should be discussed with the Mental Health Lead or SLT to highlight sources of relevant training and support for individuals as needed.

Related Policies and Guidance

Gorse Hill Safeguarding and Child Protection Policy
Gorse Hill RSHE policy
Gorse Hill Behaviour Statement of Procedures and Anti-Bullying Procedures
Gorse Hill SEND policy

[Mental health and behaviour in schools](#) (Department for Education, 2018)

Appendix 1

Risk and protective factors

Factors that put children at risk

3.7 Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. These risk factors are listed in table 1.

3.8 Risk factors are cumulative. For example, children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems. Longitudinal analysis of data for 16,000 children suggested that boys with five or more risk factors were almost eleven times more likely to develop conduct disorder under the age of ten than boys with no risk factors. Girls of a similar age with five or more risk factors were nineteen times more likely to develop the disorder than those with no risk factors.

Factors that make children more resilient

3.9 Research suggests that there is a complex interplay between the risk factors in children's lives, and the protective factors which can promote their resilience. As social disadvantage and the number of stressful life events accumulate for children, more protective factors are needed to act as a counterbalance. The key protective factors which build resilience to mental health problems are shown alongside the risk factors in table 1, below.

3.10 In order to promote positive mental health, it is important that schools have an understanding of the protective factors that can enable pupils to be resilient when they encounter problems and challenges. The role that schools play in promoting the resilience of their pupils is particularly important for children with less supportive home lives, who may not have a trusted adult they can talk to. Schools should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

Table 1: Risk and protective factors that are believed to be associated with mental health outcomes

	Risk factors	Protective factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

	Risk factors	Protective factors
In the school	<ul style="list-style-type: none"> • Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • ‘Open door’ policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events 	<ul style="list-style-type: none"> • 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