



MENTAL HEALTH POLICY

SANDON PRIMARY ACADEMY

Mrs R Beckett (Principal)

Review date: September 2024

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

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 students 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 trustees.

This policy should be read in conjunction with our medical policy in cases where a child's mental health overlaps with or is linked to a medical issue and the SEND policy where a child has an identified special educational need or disability.

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, their peers and parents/carers

Lead Members of Staff / Trustees

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

- Lizzie Kiddle - Designated Safeguarding Lead
- Mel Lear – Deputy Designated Safeguarding Lead
- Kate Burrows - Mental Health Lead / SENDCo
- Lyndsay Colclough – SENDCo
- Simon Griffin - Lead First Aider
- Rachel Beckett/Lizzie Kiddle//Laura Williams/Lizzie Kiddle/Kate Burrows - CPD Leads
- Mental Health Trustee – Gemma Willdigg
- SEND Trustee – Dan Blundred

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 with an immediate referral to the

designated child protection officer or the head teacher. 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 Kate Burrows: Mental Health Lead / SENCo or Lyndsay Colclough: SENDCo. Guidance about referring to CAMHS is provided in Appendix B.

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 R.S.H.E. 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.

Signposting

We will ensure that staff, children and parents are aware of sources of support within the academy and in the local community. What support is available within our academy and local community, who it is aimed at and how to access it is outlined in Appendix C.

Whenever we highlight sources of support, we will increase the chance of children 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

Academy 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 Kate Burrows: Mental Health and Emotional Wellbeing Lead/ SENDCo.

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

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.

If a child 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. See appendix A.

Staff should listen, rather than advise and our first thoughts should be of the child's emotional and physical safety rather than of exploring 'Why?'.

All disclosures should be recorded in writing on CPOMS and should include.

- Date and time
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps/ actions
- Linked students

This information should be shared with the Mental Health Lead Kate Burrows who will offer support and advice about next steps. See appendix B for guidance about making a referral to CAMHS.

Confidentiality

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

- 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 a child without first telling them. It is always advisable to share disclosures with a colleague, usually the Mental Health Lead-Kate Burrows; this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with. Parents must always be informed. Children may choose to tell their parents themselves or we should always give children 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 the child protection officer Lizzie Kiddle must be informed immediately.

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 the academy, at their home or somewhere neutral?
- Who should be present? Consider parents, the child, 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 be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums (See Appendix C).

Working with All Parents

Parents are often very welcoming of support and information from the academy about supporting their children's emotional and mental health. In order to support parents we will:

- 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

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 children safe.

The [MindEd learning portal](#)¹ provides free online training suitable for staff wishing to know more about a specific issue.

In January 2023, the Academy will be working alongside Wave 8 Mental Health Support Teams (MHSTs), which will:

- “deliver evidence-based interventions for mild-to-moderate mental health issues;
- Support the senior mental health lead in each school to introduce or develop whole school approach and;
- Give timely advice to school staff and liaise with external specialist services to help children and young people to get the right support and stay in education.”

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 children.

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

Policy Review

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

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Kate Burrows our Mental Health Lead via phone 01782 319097.

Appendix A: Talking to children when they make mental health disclosures

The advice below is from children themselves, in their own words, together with some additional ideas to help you in initial conversations with children when they disclose mental health concerns. This advice should be considered alongside relevant academy policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a child has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now, they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The child should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the child does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the child to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk

and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

“She was so disgusted by what I told her that she couldn't bear to look at me.”

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the child may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a child may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the child.

Offer support

“I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.”

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the academies' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the child to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me.”

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a child chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the child.

Don't assume that an apparently negative response is actually a negative response

“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself.”

Despite the fact that a child has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the child.

Never break your promises

“Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken.”

Above all else, a child wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the academies' policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the child's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix B: What makes a good CAMHS referral?²

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps.

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carers/pupil's attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parental responsibility?
- Aurnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
 - Name of school
 - Who else has been or is professionally involved and in what capacity?
 - Has there been any previous contact with our department?
 - Has there been any previous contact with social services?
 - Details of any known protective factors
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- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you spoken to the Educational Psychologist?

Appendix C: Sources or support at school and in the local community

School Based Support

In classroom support:

- Class teacher/ Teaching assistant.
- R.S.E. lessons.
- Circle time activities.
- Emotions puppets.
- Calming areas/ Calming menus.
- Sensory breaks.
- Dojo / house point rewards.
- Worry tree.
- Memory Jars/ Worry Jars.
- Feelings charts.

Socially Speaking programme:

An intervention for KS2 children that develops oral and social interaction skills to support children in developing and maintaining relationships. Completed 2-3 times a week in small groups by TA's.

Time to Talk programme:

An intervention for KS1 children that develops oral and social interaction skills to support children in developing and maintaining relationships. Completed 2-3 times a week in small groups by TA's.

Forest School Nurture Sessions:

Small group or individual sessions individually tailored to support children with their SEMH needs in a nurturing outdoor environment. Completed 2-3 times a week with Mr Kiddle.

Social Stories:

Used across all key stages. They are short descriptions/stories of a particular social situation, event or activity, which include specific information about what to expect in that situation and why. A TA or class teacher reads, shares and discusses the story with children on a 1:1 level or small group.

Social skills group:

A practical six week goal based programme with KS2 children engaging in physical activities that promote team work, social interactions and understanding of emotions. Completed 2-3 times a week in small groups by Mr Turner (qualified, specialist PE Teacher).

Social skills board games:

Board games and dominoes for KS2 children focusing on the areas of empathy, manners, showing emotions, managing emotions and friendship. Completed in a small group 2-3 times a week with TA support.

Social Skills games:

Physical activities for all children focusing on a range of social skills including listening skills, eye contact, asking to participate. Completed daily in a small group with TA support.

Smart thinking:

The Smart Thinking programme is a group intervention focusing on developing interpersonal and social thinking skills so children understand the link between their own feelings, thoughts and behaviours so that good judgements can be made. Completed 2-3 times a week with a TA.

Slide In Technique:

A programme to support selective mutism. Completed 2-3 times a week on a 1:1 basis.

Incredible Five Point Scale:

A tool used with KS2 children to support the self-regulation of anger and anxiety. With the support of a TA children are taught strategies to manage their anger or anxiety and then use the scale to recognise their level of need and implement the appropriate management strategy.

Safe and Sound sessions:

Half a day workshop at Hanley fire station for UKS2 to support them in making positive lifestyle choices, improving their health, safety and wellbeing. Attended once each academic year.

Butterflies in my Tummy:

An activity to encourage children to talk about their problems and worries related to stress, as well as come up with helpful strategies and solutions to take care of themselves. Completed 1:1 with a member of teaching staff/support staff when needed.

A Volcano in my Tummy:

A range of practical and paper based activities to help children understand and deal constructively with anger. The activities teach anger management skills including how to communicate emotions. Completed in 1:1 or small group arrangement 2-3 times a week.

Cool Connections:

Cognitive Behavioural Therapies for KS2 students encouraging self-esteem and well-being and reducing feelings of anxiety. Delivered through a fun, engaging workbook 1:1 or small group 2-3 times a week.

Think Good Feel Good:

A practical cognitive behavioural therapy resource that provides a range of flexible materials that can be used to structure and facilitate work with young people. It works on identifying thinking traps; core beliefs; controlling feelings and changing behaviour. 1:1 or small group work 2-3 times a week.

Emotional Literacy Sessions:

Sessions which focus on recognising different emotions, exploring the emotions label, what the emotion looks like, how it presents and when it presents. Whole class or small group morning sessions.

Meet and greet:

Staff meet an identified child at the school gates and support them in using a personalised, planned approach.

RCADS:

Scales used to measure children's levels of anxiety and depression. These scales are used to track symptoms and provide additional information for assessment and planning of interventions. Completed by teaching staff and parents when pupil need deems necessary.

Transitional Support:

Children have a timely and structured plan of support drawn up before their transition into a new year group or school. Plans can include additional visits, 1:1 activities with new staff, making scrap books, picture books. Support is arranged with class teacher, SENDCo, pupil and parents when pupil need deems necessary.

Mood Trackers:

On entrance to school and following transitions in school, children log their feelings. The mood tracker will offer advice and alert the class teacher to negative feelings who can then check in with the pupil.

Emotional Adult:

Miss Mandy supports pupils with identified SEMH needs – completing personalised activities to help manage their needs and support engagement in learning.

MHST:

Deliver evidence based interventions in school for mild to moderate mental health issues. They support the Academy mental health lead with a whole school approach and give advice to staff and parents.

Local Support

Changes:

Changes YP is a peer support service for children and young adults who are experiencing mild to moderate mental health issues, from low confidence and self esteem to stress, anxiety, depression, self harm and more. They offer group support in the community, held at various YP friendly venues. Wellbeing groups are open to young people aged 8+. Contact: 01782 413355

Younger Minds:

Younger Minds support young people who are experiencing emotional difficulties, which can be caused by family arguments, bullying, worrying about school and/or exams, feeling depressed or sad, feeling anxious, worries about sexuality, being abused or neglected, self-harming behaviour. Younger Minds offers 1:1 counselling with qualified staff, emotional wellbeing sessions, resilience development, targeted group work, and a bespoke schools counselling service. Contact: 0300 123 0907 Option 4

Younger Minds Parents Helpline:

The Parents Helpline is available to offer advice to anyone worried about a child or young person under 25. Worries may center around a child's behaviour, emotional wellbeing, or mental health condition. The helpline can also support parents who have a child who's already been admitted to CAMHS and have questions about their treatment or want to know what to say to your GP when you visit them.

Dove:

Free, confidential counselling and support to anyone struggling with issues surrounding bereavement, life-changing illnesses or significant loss. Contact: 01782 683155

Savana:

Providing free counselling and support services for anyone from the age of 4 who have been affected by sexual violence or abuse. Contact: 01782 433204

CAMHS:

Child and Adolescent Mental Health Service that assess and treats young people with emotional, behavioural and mental health difficulties. Contact: 0300 123 0907 Option 4

<https://www.camhs-stoke.org.uk/blank>