# The Weald Federation

Of Five Ashes, Frant, Mark Cross and Mayfield Church of England Primary Schools

## With God's love we grow and learn together

To be an inspirational place of learning. Together, with our community, we strive for excellence enabling every child to flourish.
Through our Christian ethos, we aim to empower our pupils to become independent, reflective learners able to contribute to our ever-changing and diverse world.

# Mental health and wellbeing policy

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| Led by: | Joanna Challis and Jo Warren (EHTs) |
| Date implemented: | September 2024 |
| Date for next review: | September 2025 |
| Approved by: | EHTs or GB |
| ESCC policy / school | School |

*'Mental health is a state of wellbeing 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 his or her community.'* (World Health Organisation)

In every standard classroom, three children will suffer from a diagnosable mental health condition and the school has an important role to play, acting as a source of support and information for both children and parents. This policy acts as the school's central reference point for mental health.

**Aims of the policy**

- 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 pupils with mental health issues
- provide support to pupils, their peers and parents suffering mental ill health
- provide appropriate support to parents suffering mental ill health

**Why does mental health and wellbeing matter in our school?**

Schools play a crucial role in developing pupil mental health, and a positive school environment and ethos promote emotional wellbeing across the community through establishing consistent systems and interventions to enable pupils to feel safe and a sense of belonging, know who to ask for help, and provide support for parents that need additional help.

A child's mental health will affect them for the rest of their life; it influences their overall health, happiness and productivity into adulthood. Promoting and protecting mental health in school is therefore one of the most important things we can do for them. Half of all lifetime mental health problems develop by the age of 14, affecting approximately three children in every classroom. Untreated problems in early life can lead to adult mental illness.

As well as lifetime wellbeing there are immediate benefits to positive emotional health. Children are happier, make friends and sustain relationships, are aware of and understand others, face problems and setbacks and learn from them, enjoy their play and leisure time and, most importantly for schools, they learn better.

The factors that influence whether or not a child develops an emotional or behavioural problem are complex but broadly fall into two categories: risk and resilience. We cannot always protect children from risks (for example parental substance misuse, bereavement or refugee status), but we know that individuals respond differently to difficult life events, failure and mistakes. Building resilience is about supporting and enabling children to cope better with what life throws at them. Risks don't in themselves cause illness, but they are cumulative, whereas resilience is developmental.

## Roles and Responsibilities

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

| | **Designated Child Protection / Safeguarding Officer** | **Mental Health Leads** | **Lead Mental Health First Aider** | **PSHE Lead** | **SENDCo** |
|---|---|---|---|---|---|
| Frant | Joanna Challis | Joanna Challis | Joanna Challis | Joanna Challis | Joanna Challis |
| Mark Cross | Alma Scales | Alma Scales | Alma Scales | Alma Scales | Joanna Challis |
| Mayfield | Joanne Warren<br>Emily Ramsay | Joanne Warren<br>Sue Thomas | Joanne Warren | Joanne Warren | Sue Thomas |
| Five Ashes | Darren Gurr | Darren Gurr<br>Sue Thomas | Darren Gurr | Darren Gurr | Sue Thomas |
| Federation Governors | Fr. Michael Asquith | | | | Paul Wood |

**Role of the Mental Health Lead**
The mental health lead will; provide a link to expertise and support regarding specific children; identify issues and make effective referrals; and contribute to leading and developing whole school approaches around mental health.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead or the head of school. 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 CAMHS is appropriate, this will be led and managed by the SENDCo. Guidance about referring to CAMHS can be found on the CAMHS, East Sussex website

**Signposting**
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.

**Warning signs**
School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These should always be taken seriously and communicated as soon as possible with the mental health lead.

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
- increased difficulty in separating from adults (clinginess)
- changes in activity and mood
- changes in 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
- avoidance of PE or getting changed secretively
- repeated physical pain or nausea with no evident cause
- an increase in lateness or absenteeism

**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?' For more information about how to handle mental health disclosures

sensitively see appendix 3. All disclosures should be recorded on CPOMS and shared with relevant staff. The written 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

**Confidentiality**

We are honest with pupils regarding confidentiality. If it is necessary to pass our concerns to another person, we will let the pupil know:

- what is happening
- who we will talk to
- what we will tell them
- why we need to tell them

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 pupil and it ensures continuity of care in our absence.

Parents will always be informed if the school has concerns about their child. If we think that there may be an underlying child protection issues, the Child Protection and Safeguarding Policy will be followed.

***Effective Partnership 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.
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

It may 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 understanding and compassionate and give parents time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. 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 right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

Parents are often very welcoming of support and information from the school/college 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

- 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 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 pupil who is suffering and their parents with whom we will discuss:

- What is helpful for friends to know?
- How friends can be supportive
- Things friends should avoid doing / saying which may inadvertently cause upset
- Additionally, we will want to highlight with peers:
- Where and how to access support for themselves
- Safe sources of further information
- Healthy ways of coping with any difficult emotions they may be feeling

**Training**

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 sourced and delivered as necessary to support the needs of our pupils.

Suggestions for individual, group, whole school or Federation CPD should be discussed with the Head of School.

**Mental health within PSHE – a curriculum that teaches social and emotional skills for life**

Mental health within PSHE is developmental and appropriate to the age and needs of every pupil. It is part of the Jigsaw programme, delivered in a supportive atmosphere, where we aim for all pupils to feel comfortable to engage in open discussion and feel confident to ask for help if necessary.

**Establishing a safe and supportive environment**

All staff follow the Jigsaw Charter to help establish a safe and supportive environment. This is as follows:

- We take turns to speak
- We use kind and positive words
- We listen to each other
- We have the right to pass
- We only use names when giving compliments or when being positive
- We respect each others' privacy (confidentiality)

**Good practice in teaching and learning**

- Distancing techniques such as role play, third person case studies and an anonymous question box are employed when teaching sensitive issues.
- Staff ensure a neutral standpoint regarding the issues that are being discussed.

- Using the correct terminology makes clear that everybody understands and avoids prejudiced or offensive language.
- Lessons contain a variety of teaching methods and strategies that encourage interaction, involvement and questioning: working individually, in pairs and groups; discussions; role play; prioritising; quizzes; research; case studies; games; circle time; visiting speakers.

**Inclusion**
All children and young people whatever their experience, background or identity are entitled to good quality education about mental health that helps them build a positive sense of self. Respect for themselves and each other is central to all teaching. The PSHE programme and approach is inclusive of difference: gender identity, sexual orientation, ability, disability, ethnicity, culture, age, faith or belief or any other life experience.

Things to consider:

- Staff approach mental health education sensitively, knowing that their pupils are all different and have different family groupings.
- Mental health lessons cater for all pupils and the teachers and teaching materials are respectful of the rights of pupils with disabilities and how pupils choose to identify themselves.

**Assessment**
Lessons are planned starting with establishing what pupils already know through techniques such as discussion and diamond nines. In this way, teachers can also address any misconceptions that pupils may have.

Teachers use formative assessment to monitor pupils progress and inform their future planning. As part of The Weald Federation Assessment Cycle, teachers record pupils attainment in Terms 2, 4 and 6 on INSIGHT. Children's development in PSHE is reported to parents in the annual end of year school report in July.

Staff use the Jigsaw REST Toolkit to identify pupils who may require support with the skills of resilience and positive learning behaviours.

**Monitoring and evaluation**
Regular monitoring by the PSHE and/or Head of School takes place on to ensure that teaching and learning is in line with school policy, curriculum and progression maps.

**Appendix 1**

**Further information and sources of support about common mental health issues**

**Prevalence of Mental Health and Emotional Wellbeing Issues**[1]

- 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/college-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school/college staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

**Self-harm**

Self-harm describes any behaviour where a young person 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 young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

**Online support**

SelfHarm.co.uk: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk

**Books**

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

[1] Source: Young Minds

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

**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**

Depression Alliance: www.depressionalliance.org/information/what-depression

**Books**

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

**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**

Anxiety UK: www.anxietyuk.org.uk

**Books**

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

**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 young person 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**

OCD UK: www.ocduk.org/ocd

**Books**

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

**Suicidal feelings**

Young people 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 young people die suddenly from suicide apparently out of the blue.

**Online support**

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

**Books**

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

**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 young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, 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**

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders
Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

**Books**

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

**Appendix 2**

**Guidance and advice documents**

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Islington MHARS: A framework for mental health and resilience in schools – Health and Wellbeing Team, Islington Council (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014)

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing PSHE Association. Funded by the Department for Education (2015)

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Delivering Psychological services in schools to maximise emotional wellbeing and early intervention.
McConnellogue, Hickey, Patel and Picciotto, in The Child and Family Clinical Psychology Review: What good looks like in psychological services for children, young people and their families (2015), British Psychological Society

**Appendix 3**

**Talking to pupils when they make mental health disclosures**

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

**Focus on listening**

If a pupil 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**

The pupil 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 pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil 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**

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**

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 pupil 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 pupil 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 pupil.

**Offer support**

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools'/colleges' 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 pupil to realise that you're working with them to move things forward.

**Acknowledge how hard it is to discuss these issues**

It can take a pupil weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a pupil 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 pupil.

**Don’t assume that an apparently negative response is actually a negative response**

Despite the fact that a pupil 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 pupil.**

**Never break your promises**

Above all else, a pupil 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 school’s 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 pupil’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.