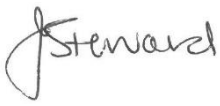
Sheringham
COMMUNITY PRIMARY SCHOOL & NURSERY

MENTAL HEALTH & WELLBEING POLICY

Formally adopted by the Governing Body of Sheringham Community Primary & Nursery School	
On	14th December 2023
Chair of Governors	
Head Teacher	
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Be all that you can be…

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Introduction

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 Sheringham Community Primary School and Nursery, we aim to promote positive mental health and wellbeing for every member of our school community. Wellbeing is valued and we actively promote it. We pursue this aim using universal, targeted and specialist approaches aimed at vulnerable students. In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to mental ill health. According to MHFA England and MIND, in an average classroom, three students will be suffering from a diagnosable mental health difficulty. One in ten young people between the ages of 5 and 16 will have an identifiable mental health difficulty at any one time. By the time they reach university this figure is as high as 1 in 6. Around 75% of mental health disorders are diagnosed in adolescence (see Appendix A for more data around mental health and wellbeing). By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures, we can promote a safe and stable environment for students affected both directly, and indirectly, by mental ill health. We also recognise the link between physical activity and positive mental health and wellbeing, and we encourage our school to be an 'active school'.

Our aims.

At our school we:

- Help children to understand their emotions and feelings better.
- Help children feel comfortable sharing any concerns or worries.
- Help children to develop emotional resilience and manage setbacks.
- Promote self-esteem and ensure children know that they count.

Encourage children to be confident through our CARES curriculum and ethos.

Community	Our children develop a deep sense of belonging and understand how to be responsible and active members of the local community and the wider world.
Aspiration	Our children are ambitious, with high expectations for themselves and others, understanding there are no limits to what they can achieve with hard work and dedication.
Resilience	There is a culture of resilience and reflection, enabling children to understand how to take control of their learning.

Emotional Our children have patience towards others, are emotionally resilient and are willing to talk about their own concerns and feelings.

Skills & Knowledge Our children are equipped with the knowledge and skills necessary to start them on a journey as life-long learners.

By building in our CARES curriculum throughout all that we do it supports children`s mental health and wellbeing.

We promote a mentally healthy environment through:

- Promoting our school values and encouraging a sense of belonging.
- Promoting pupil voice and opportunities to participate in decision-making.
- Celebrating academic and non-academic achievements.
- Providing opportunities to develop a sense of worth through turn taking responsibility for themselves and others.
- Providing opportunities to reflect.

We pursue our aims through:

- Universal, whole school approaches.
- Support for children going through recent difficulties including bereavement.
- Specialised, targeted approaches aimed at pupils with more complex or long-term difficulties including attachment disorder, PTSD etc.

Scope.

This policy should be read in conjunction with our Supporting Children with Medical Needs Policy and our SEND policy (information report) in cases where children`s mental health needs overlap with these. This policy should also be read in conjunction with policies for Behaviour, Anti-bullying and RSHE policies. It should also sit alongside safe guarding procedures.

Lead members of staff.

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

- Rachael Carter- headteacher. Designated safe guarding lead, SLT Mental Health Champion
- Jonathan Amies- deputy head. Designated safe guarding lead.
- Jen Tupper- ASGL.
- Cat Wall – SENCO, ASGL,
- Sarah Francis, Rachel Hooker, Suzanne McCaig - mental health champions for children.
- Kate Jones – Pastoral teaching assistant.
- Heidi Burton - Emotional Literacy Support Assistant- ELSA.
- Jodie Bevan – nurture practitioner.
- Heidi Burton, Alison Sheridan – Mental Health for England, mental health first aiders for adults.

We support all staff by:

Having 2 mental health for adults first aiders in school, that have capacity to support, before, during or post crisis. Support with general wellbeing and sign posting staff for additional help. This training has been completed with Mental Health for England. We use the ALGEE proforma to support staff who are in need of help, (see below). Staff are also signposted to the Norfolk Support line. The head teacher is the SLT Mental Health Lead.

As a staff, we embrace a wellbeing staff meeting session termly. We have wellbeing notice boards in the staffroom. A weekly garden lunch club happens during the warmer months. Weekly thank you cards are sent to staff by SLT. Random acts of kindness take place. Staff have been invited to engage with a Secret Buddy system whereby thoughtful small tokens / gifts are given anonymously to brighten someone's day.

We support adults and parents in our school community via our Safe Guarding team, Inclusion team and Pastoral Teaching assistant. The teams all have mental health champions and first aiders in them. These teams can sign post adults and parents to support avenues. Our school website also has a wellbeing section that can sign post parents both to support and to activities that support mental health and wellbeing.

Teaching about Mental Health.

The skill, knowledge and understanding needed by our children to keep themselves mentally healthy and safe are included as part of our RSHE and E-Safety curriculum.

The specific content of the lessons will be determined by the specific needs of the cohort we are teaching but we will also use the RSHE guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

Targeted support.

The school will offer support through targeted approaches for individual children or groups of children which may include:

- Circle time approaches or "circle of friends "activities.
- Targeted use of PiXL resilience and wellbeing resources.
- Managing feelings resources for example "worry boxes"or "worry monsters".
- Managing emotions resources such as "The incredible 5 point scale".
- ELSA group and individual work.
- Therapeutic activities including the Drawing and Talking programme, Lego Therapy.
- Access to the sensory room.
- Nurture classes and nurturing sessions.
- Therapeutic Play sessions.
- Forest School and our Horticulture curriculums promote and support wellbeing, building resilience skills and building positive self-esteem.
- We offer a broad and wide range of extra-curricular activities.
- Many opportunities in the therapeutic development using music and the arts.

- We do place high importance on physical wellbeing. With having separate PE instructors to lead a full PE session per week (in addition to a class teacher led PE lesson) and providing a wide range of extra-curricular physical activities.
- Participate in NSPCC activities on keeping safe.
- Children in KS2 can also access the Kooth, Worry tree and Worry Time apps.

The school makes use of resources to assess and track wellbeing as appropriate including:

- The Boxall Profile.
- Emotional Literacy scales.
- Leuven's scale
- Wellbeing scales

Signposting:

We will ensure that staff, children and parents are aware of what support is available within our school and how to access further support.

As a school we have a very good relationship with the Mental Health Support Team and make referrals to them for both individual and family based support. These referrals are for children experiencing difficulties both inside and outside of school.

Identifying needs and Warning Signs.

All staff will use the list below to support identifying any worries or concerns:

- Attendance.
- Punctuality.
- Relationships.
- Approach to learning.
- Physical indicators.
- Negative behaviour patterns
- Family circumstances
- Recent bereavements
- Health indicators.

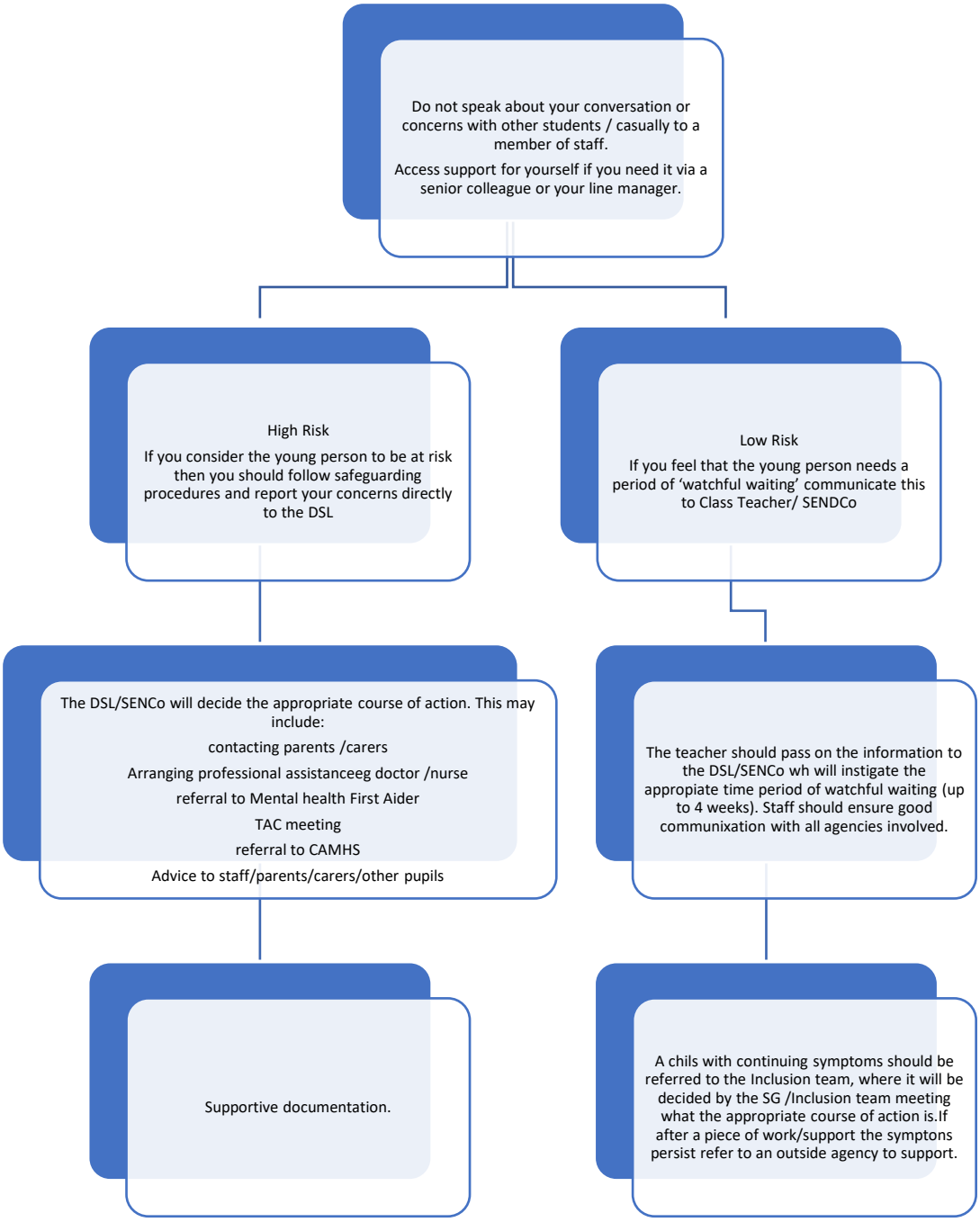
School staff may also become aware of warning signs that indicate a child is experiencing mental ill health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns to any of the designated safe guard leads or the emotional wellbeing lead as appropriate.

Possible warning signs include:

- Changes in eating/sleeping habits.
- Becoming socially withdrawn.

- Changes in activity and mood.
- Talking or joking about self-harm including suicide.
- Expressing feelings of failure, uselessness or loss of hope.
- Repeated physical pain or nausea with no evident cause.
- An increase in lateness or absenteeism.

Dependent on age and ability of child we also deploy the use of the ALGEE see below to support them through a process.



Working with parents.

In order to support parents we will:

- Highlight sources of information and support about mental health and emotional wellbeing on our website for both adults and children.
- Share and allow parents to access sources of further support e.g. through parent forums, Ormiston Families and the Charlie Waller Memorial Trust.
- Ensure all parents are aware of who to talk to, and how to go about this if they have concerns about their child or another adult, for example accessing the MHST service.
- Make our emotional wellbeing and mental health policy easily accessible to the parents.
- Share ideas about how parents can support positive mental health in their children and themselves.
- Keep parents informed about the mental health topics their children are learning about in their PSHE/RSHE and share ideas for extending and exploring this learning at home.

Confidentiality

- We must be honest about 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. 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/carer, such as children who we believe to be in danger of harm.

- It is always advisable to share disclosures with the Safeguarding / Mental Health and Wellbeing Lead as 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. If we believe there are safeguarding concerns, you must follow that referral route.

- Parents / carers must always be informed if it is deemed necessary and appropriate by the headteacher or safeguarding team and children may choose to tell their parents / carers themselves. If this is the case, and the child is age appropriate the child should be given 24 hours to share this information before the school contacts parents / carers. We should always give children (where age appropriate) the option of us informing parents / carers for them or

with them. Of course, we need to consider the level of urgency and if the child is at immediate risk of significant harm.

- We should never share information about a child without first telling them. We should always aim to seek the child`s consent to share information; however, information must be shared when the child is believed to be in danger of harm.

Supporting Peers

When a child is experiencing mental health difficulties, it can be a difficult time for their friends. Friends often want to support but do not know how and can take on more of a supportive role than is appropriate. In the case of self-harm or eating disorders, it is possible that friends will 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 in group settings and will be guided by conversations by the child experiencing difficulties and their parents/carers.

We will consider:

- What it is helpful for friends to know and what they should not be told
- How friends can offer support
- Boundaries between support from friends and support from adults
- 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

Working with other agencies and partners.

As part of our targeted provision the school will work with other agencies to support children`s emotional health and wellbeing including:

- The school nurse service.
- CEPP – Children's Educational Psychology Practice.
- Pediatricians.
- CYPMHS – child and young person's mental health service.
- Counselling services

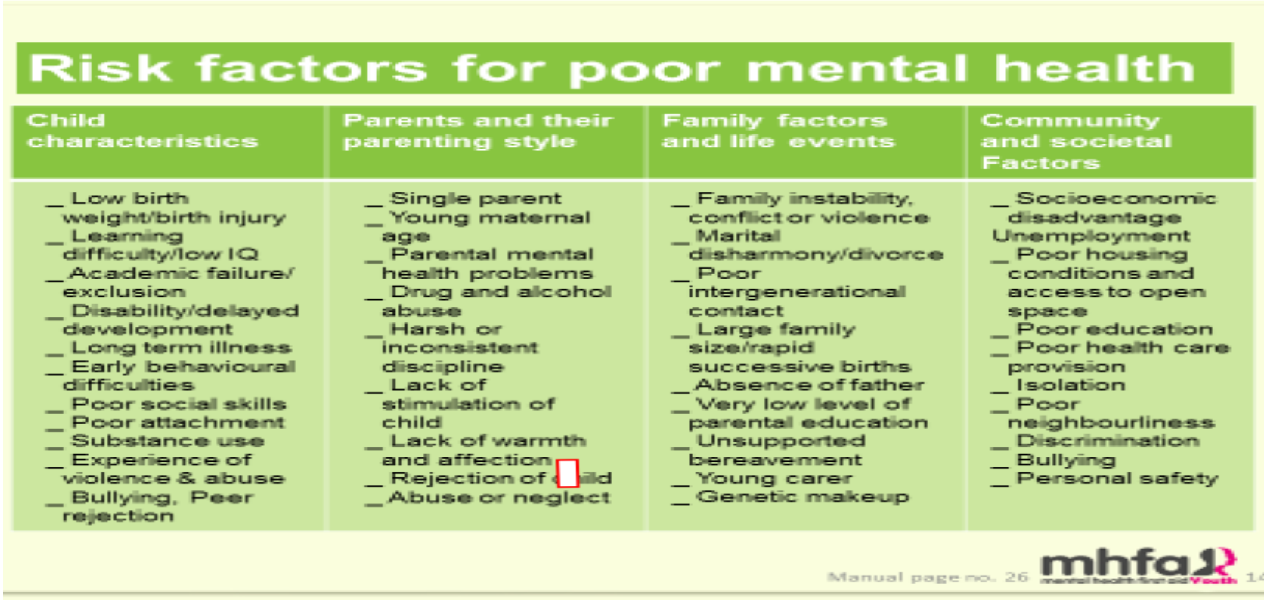
- Family support workers
- Therapists.
- EMHP- emotional mental health practitioner.
- MHST- mental health support team

Training.

As a minimum, all staff will receive regular training about recognizing and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep children safe.

The MindEd learning portal provides free on line training suitable for staff wishing to know more about a specific issue.

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 when it becomes appropriate due to developing situations with one or more children.



Risk factors for poor mental health

Child characteristics	Parents and their parenting style	Family factors and life events	Community and societal Factors
_ Low birth weight/birth injury _ Learning difficulty/low IQ _ Academic failure/ exclusion _ Disability/delayed development _ Long term illness _ Early behavioural difficulties _ Poor social skills _ Poor attachment _ Substance use _ Experience of violence & abuse _ Bullying, Peer rejection	_ Single parent _ Young maternal age _ Parental mental health problems _ Drug and alcohol abuse _ Harsh or inconsistent discipline _ Lack of stimulation of child _ Lack of warmth and affection _ Rejection of child _ Abuse or neglect	_ Family instability, conflict or violence _ Marital disharmony/divorce _ Poor intergenerational contact _ Large family size/rapid successive births _ Absence of father _ Very low level of parental education _ Unsupported bereavement _ Young carer _ Genetic makeup	_ Socioeconomic disadvantage Unemployment _ Poor housing conditions and access to open space _ Poor education _ Poor health care provision _ Isolation _ Poor neighbourliness _ Discrimination _ Bullying _ Personal safety

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Talking to pupils when they disclose mental health difficulties

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health difficulties. This advice should be considered alongside relevant school 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 is 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 are 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 is 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 have touched on more deeply, or to show that you understand and are supportive. Do not 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 are 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 have never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but do not explore those feelings with the sufferer. Instead listen hard to what they are saying and encourage them to talk and you will 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 is important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it does not feel natural to you at all). If you make too much eye contact, the student 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 do not make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you cannot 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 schools' policies on such difficulties. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you are working with them to move things forward. Acknowledge how hard it is to discuss these difficulties

"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 student 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 student.

Do not 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. Do not be offended or upset if your offers of help are met with anger, indifference or insolence, it is the illness talking, not the child.

"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 information confidential and you cannot then you must be honest. Explain that, whilst you cannot 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 do not have all the answers or are not exactly sure what will happen next. Follow our policies.

What makes a good CAMHS/Mental Health referral?

As a school, we have a variety of routes that we can tap into to support a child, for example resilience practitioners. Point 1 and Early Help can directly refer to CAMHS.

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 child?
- Has the child given consent for the referral (where appropriate)?
- Has a parent / carer given consent for the referral?
- What are the parent / carer / child's attitudes to the referral?
- Is Educational Psychology involvement required in order for the CAMHS referral to be accepted?
- Is the SENCo involved? (N.B.: Social and emotional wellbeing, and mental health difficulties is a category of need within the SEND Code of Practice)

Basic information

- Is there a child protection plan in place?
- Is the child looked after or a post looked after child?
- Name and date of birth of referred child / children
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the student / 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/difficulties involved.

Further information and sources of support about common mental health difficulties.

Prevalence of Mental Health difficulties.

- 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 difficulties were diagnosed in childhood. Less than half received appropriate treatment 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 is sign-posted information and guidance about the mental health difficulties most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents / carers but they are listed here because they are useful for school staff too. Support and information related to all these difficulties 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
- 3 Source: Young Mind Books
- Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide toWhole School Support and Practical Strategies. London: Jessica Kingsley Pulishers

- Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers
- 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 do not 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 / carers 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: eliberate 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 Disorders

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 Gude 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