Cledford Primary School and Gainsborough Primary & Nursery School

A Federation of Cheshire East Primary Schools

Cledford Primary School

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Local Authority Code: 895
Establishment Number: 3821

School Principal: Mr C Adlington

Gainsborough Primary & Nursery School

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Website: www.gainsboroughschool.co.uk

Local Authority Code: 895
Establishment Number: 3810

Federation Headteacher: Mrs A J Booth

School Principal: Mrs J Nurse

The Cheshire Federation

Cledford Primary School and Gainsborough Primary School Mental Health and Wellbeing Policy

Reviewed: November 2022

Signed:

Mrs J Sercombe (Chair of Governing Board) …….

Mrs AJ Booth (Federation Headteacher) …….

Mrs J Nurse (School Principal GPNS) …….

Mr C Adlington (School Principal CPS) ……

Next Review Date: October 2024

Mental Health and Wellbeing policy

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)

In our federation we aim to promote positive mental health for every member of our staff and pupils. We pursue this aim using workplace practices, 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 a practical, relevant and effective mental health policy and procedures we can promote a safe and stable environment for staff and pupils affected both directly and indirectly by mental ill health.

This document describes the school's approach to promoting positive mental health and wellbeing. It is intended as guidance for all staff including non-teaching staff and governors.

It should be read in conjunction with our:

- Health and Safety Policy
- Safeguarding and Child Protection Policy (where the mental health of a pupil overlaps with or is linked to a medical issue)
- SEND Policy (where a pupil has an identified special educational need)

Context and Rationale

Mental Health and Wellbeing promotes school success and improvements by:

- Promoting positive mental and emotional wellbeing by providing information and support.
- Creating a shared understanding of all aspects of mental health.
- Enabling those with mental health related issues to self-disclose and seek support in a safe confidential manner.
- Offering guidance and strategies to support pupils and staff to be mentally healthy.
- Creating a culture to support and maintain positive mental health and wellbeing.

Aims of the policy

The purpose of this policy is to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers

Keeping Children Safe in Education
Mental Health is recognised in Keeping Children Safe in Education September 2020. The policy outlines that mental health problems can be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff should understand that only appropriately trained professionals can make a diagnosis of a mental health problem. Staff are, however, well placed to observe children and identify behaviour indicating a mental health problem.

Staff should also be aware that if children have suffered abuse and neglect, or other traumatic adverse childhood experiences, this can impact on their mental health, behaviour and education.

Staff should report any mental health concerns in relation to safeguarding immediately to the designated safeguarding lead or deputy, following the school child protection policy.

COVID 19
The outbreak of COVID 19 still affects the mental health and well-being of children and staff in a number of different ways.

The Federation continues to be committed to creating a safe and nurturing environment for all children to support their well-being during the transition back to school. The Federation understands that it is essential for children to feel happy and safe, in order for learning to take place and emotional well-being to be supported.

The awareness of mental health and well-being is continuously disseminated across school; PSHE curriculum, assemblies, small group work, adult talk time, posters and class discussions.

Children who have been identified by parents or staff as struggling with their emotional well-being, are closely monitored by staff and the mental health lead. Any children who require external professional support for mental health are referred by the mental health lead.

Both schools have continued to make referrals and where possible children have accessed support by alternative methods e.g. counselling sessions done via face to face sessions, online video or phone calls.

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

Gainsborough Primary School:

- Justine Nurse - designated child protection / safeguarding officer
- Sarah Epps - mental health lead
- Lisa Eccleston - lead first aider
- Elizabeth Marshall - head of PSHE/Emotionally Healthy Schools

Cledford Primary School:

- Christopher Adlington - designated child protection / safeguarding officer
- Kate Marsland – Mental Health Lead

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 student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the designated child protection office of staff or the head teacher. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the mental health lead.

Guidance about referring to CAMHS is provided in Appendix E.

Individual Care Plans
An individual care plan is written for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This includes:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Teaching about Mental Health
The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our curriculum.

The specific content of lessons will be determined by the needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Warning Signs
School staff may become aware of warning signs which indicate a pupil 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 the mental health and emotional wellbeing 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
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather

- Secretive behaviour
- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

A 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. See Appendix D

All disclosures should be recorded on CPOMS, the school's electronic recording system. This 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

This information should be shared with the mental health lead who will offer support and advice about next steps.

Working with Parents/carers

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

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

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 step and always keep a record of the meeting on CPOMS.

Working with All Parents

In order to support parents and carers we will:

- Highlight sources of information and support about common mental health issues on our school website

- Ensure that all parents/ carers are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In 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 their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Signposting

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

Named support services will be provided to children, young people and parents and carers via a leaflet (collated resources from Appendix A and B).

We will display relevant sources of support in communal areas such as corridors, classrooms and toilets. The posters will highlight sources of support to pupils within relevant parts of the curriculum.

Whenever we highlight sources of support, we will increase the changes of pupils seeking help by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues in addition to their regular safeguarding child protection training to enable them to keep pupils safe and well.

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

The Emotionally Healthy Schools Programme offers free support and training to all schools and colleges in Cheshire East. Details can be found at www.middlewichhigh.cheshire.sch.uk

Policy Review
This policy will be reviewed every 2 years minimum. Due October 2024

Appendix A: Further information and sources of support about common mental health issues

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. 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

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

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

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

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/

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

Appendix B: Guidance and advice documents

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

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

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

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

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)

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)

NICE guidance on social and emotional wellbeing in primary education

What works in promoting social and emotional wellbeing and responding to

mental health problems in schools?

Appendix C: Sources or support at school & local community

School Based Support

Activities to engage and work with vulnerable pupils in small groups
Cool Connections
Resiliency intervention group
Nurture group
Safe Play for those who find playtime and lunchtime difficult and noisy
Supportive classrooms with positive reward systems
Quiet areas
Outdoor areas
Social groups
Buddies
Ensuring prejudice of any kind is challenged
Teaching children and young people to value and respect the views of others
Use of restorative approaches
Playground leaders
PHSE schemes of work – SUMO
Children actively encouraged to lead an active lifestyle through PE at school including an extensive range of during and after school clubs
Promotion of growth mindset
Residential trips and visits
Representing the school at events
Celebration assemblies
Attendance awards
Notes / texts home to parents or carers for positive behaviour choices and achievements in school
Weekly newsletter highlighting achievements and celebrations within school
Childline posters
Home-School link reading diary
Emotionally Healthy Schools page on the school website with useful links for both pupils and parents to access
Designated quiet areas for counselling
Regular mindful classes
Subscription to CALM.com to promote mental wellbeing

Local Support Used

Dove bereavement couselling
CLASP single parent counselling
Wishing Well Charity
Motherwell positive health and wellbeing charity

Appendix D: Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. 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 student 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 student 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 student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student 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 theymight 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 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 don't make eye contact at all then a student 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 student.

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 issues. 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'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 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.

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 student 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 student.

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 student 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 student'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 E: What makes a good CAMHS referral?

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 CMHS 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/carer 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?
- surnames 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
- 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 talked to the Educational psychologist?

The screening tool on the following page will help to guide whether or not a CAMHS referral is appropriate.

INVOLVEMENT WITH CAMHS	
	Current CAMHS involvement – **END OF SCREEN***
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

*** Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care**

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

MENTAL HEALTH SYMPTOMS		
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

Little or none	Score = 0	Some	Score = 1	Moderate	Score = 2	Severe	Score = 3

HARMING BEHAVIOURS		
	1	History of self harm (cutting, burning etc)
	1	History of thoughts about suicide
	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	2	Current self harm behaviours
	2	Anger outbursts or aggressive behaviour towards children or adults
	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

*** If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies**

Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)			
	Family mental health issues		Physical health issues
	History of bereavement/loss/trauma		Identified drug / alcohol use
	Problems in family relationships		Living in care
	Problems with peer relationships		Involved in criminal activity
	Not attending/functioning in school		History of social services involvement
	Excluded from school (FTE, permanent)		Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3

Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

***** If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice *****