EPPING UPLAND C.OF E. PRIMARY SCHOOL
MENTAL HEALTH AND WELLBEING POLICY

POLICY STATEMENT

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

(WORLD HEALTH ORGANIZATION)

At our school, we aim to promote positive mental health for every member of our staff and all of our pupils. We will achieve this aim by using universal and whole school approaches as well as more specialised, targeted ones. In addition to promoting positive mental health, we aim to try to recognise and respond to mental ill health and support this as best as we are able, either directly ourselves or by seeking resource and help from other professionals.

In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies, strategies and procedures we aim to promote a safe and stable environment for all our pupils.

Through the above means, we will also support and help as best as we are able, through school policy and/or other professionals, those pupils who are affected directly and/or indirectly by mental ill health.

SCOPE

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff and governors. This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the send policy where a student has an identified special educational need.

THE POLICY AIMS TO:

- ♣ PROMOTE POSITIVE MENTAL HEALTH IN ALL STAFF AND PUPILS
- ♣ INCREASE UNDERSTANDING AND AWARENESS OF COMMON MENTAL HEALTH ISSUES
- ♣ ALERT STAFF TO EARLY WARNING SIGNS OF MENTAL ILL HEALTH
- ♣ PROVIDE SUPPORT TO STAFF WORKING WITH YOUNG PEOPLE WITH MENTAL HEALTH ISSUES
- ♣ PROVIDE SUPPORT TO STAFF WORKING WITH PARENTS WITH MENTAL HEALTH ISSUES
- ♣ PROVIDE SUPPORT TO PUPILS SUFFERING MENTAL ILL HEALTH AND THEIR PEERS AND PARENTS/CARERS

LEAD MEMBERS OF STAFF

All staff have a responsibility to promote the mental health of our pupils. staff with a specific, relevant remit include:

- ♣ SARAH HURWOOD – HEADTEACHER/DSL
- ♣ CATHY NEWLAND – DEPUTY HEADTEACHER/DSL
- ♣ KAREN SMITH - MENTAL HEALTH AND WELLBEING LEAD/DSL
- ♣ LISA LOWE – SENCO
- ♣ LORRAINE NEILSON – LEAD FIRST AIDER

Any member of staff who is concerned about the mental health or wellbeing of a pupil should, in the first instance, speak to the headteacher or mental health and wellbeing lead.

If there is a concern 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 deputy designated safeguarding lead.

If the pupil presents as 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 ewhms is appropriate, this will be led and managed by the headteacher or mental health and wellbeing lead.

INDIVIDUAL CARE PLANS

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the parents, the pupil where appropriate and relevant health professionals. this can include:

- details of a pupil's condition
- special requirements and precautions
- medication and any side effects
- what to do, and who to contact in an emergency
- the role the school can play

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 in the curriculum, assemblies, interventions and specifically identified lessons. The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. we will refer to mental health as mental health and link wellbeing into this language.

SIGNPOSTING

We will ensure that staff, pupils, and parents are aware of sources of support within the school and the local community. This will include school interventions and the accessing of counselling and therapy through efspt.

We will endeavour to highlight to pupils/parents/carers sources of support and ensure that they know who they can go to for help.

We will endeavour to signpost parents and pupils, if appropriate, to other professionals and services that might be able to support them further, more appropriately or in a more specialised way.

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 signals should communicate their concerns with the headteacher or our mental health and 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 rather than of exploring 'why?'

All disclosures should be recorded in writing and input into the incident log.

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 headteacher and/or the mental health and wellbeing lead. They will give appropriate guidance as to further action.

CONFIDENTIALITY

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

- 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 pupil 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. Any such information will be shared with the headteacher, who will then decide whether the information needs to be shared more widely.

We must always safeguard our own emotional wellbeing and the headteacher may advise some form of professional supervision to meet staff need.

The headteacher and/or mental health and wellbeing lead will make the decision as to whether parents need to be informed.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the designated safeguarding lead must be informed immediately.

WORKING WITH PARENTS

The headteacher will make the decision as to whether parents need to be informed. where this is deemed appropriate, 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?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect. We should always highlight further sources of information 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 step and keep a brief record of the meeting on the child's confidential record if the headteacher considers written evidence of the meeting is necessary.

WORKING WITH ALL PARENTS

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. in order to support 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 through our regular information evenings
- keep parents informed about the mental health topics their children are learning about and share ideas for extending and exploring this learning at home.

TRAINING

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe. We will provide relevant information for staff who wish to learn more about mental health.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional cpd will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school cpd should be discussed with the headteacher and/or SENCO and wellbeing mentor.

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

it is next due for review in January 2023.

APPENDIX A	RISK FACTORS	PROTECTIVE FACTORS
IN THE CHILD	• GENETIC INFLUENCES • LOW IQ AND LEARNING DISABILITIES • SPECIFIC DEVELOPMENT DELAY OR NEURO-DIVERSITY • COMMUNICATION DIFFICULTIES • DIFFICULT TEMPERAMENT • PHYSICAL ILLNESS • ACADEMIC FAILURE • LOW SELF-ESTEEM	• SECURE ATTACHMENT EXPERIENCE • OUTGOING TEMPERAMENT AS AN INFANT • GOOD COMMUNICATION SKILLS, SOCIABILITY • BEING A PLANNER AND HAVING A BELIEF IN CONTROL • HUMOUR • A POSITIVE ATTITUDE • EXPERIENCES OF SUCCESS AND ACHIEVEMENT • FAITH OR SPIRITUALITY • CAPACITY TO REFLECT
IN THE FAMILY	• OVERT PARENTAL CONFLICT INCLUDING DOMESTIC VIOLENCE • FAMILY BREAKDOWN (INCLUDING WHERE CHILDREN ARE TAKEN INTO CARE OR ADOPTED • INCONSISTENT OR UNCLEAR DISCIPLINE • HOSTILE AND REJECTING RELATIONSHIPS • FAILURE TO ADAPT TO A CHILD'S CHANGING NEEDS • PHYSICAL , SEXUAL, EMOTIONAL ABUSE OR NEGLECT • PARENTAL PSYCHIATRIC ILLNESS • PARENTAL CRIMINALITY, ALCOHOLISM OR PERSONALITY DISORDER • DEATH AND LOSS – INCLUDING LOSS OF FRIENDSHIP	• AT LEAST ONE GOOD PARENT-CHILD RELATIONSHIP (OR ONE SUPPORTIVE ADULT) • AFFECTION • CLEAR, CONSISTENT DISCIPLINE • SUPPORT FOR EDUCATION • SUPPORTIVE LONG TERM RELATIONSHIP OR THE ABSENCE OF SEVERE DISCORD

APPENDIX A (CONTD)	**RISK FACTORS**	**PROTECTIVE FACTORS**
IN THE SCHOOL	• BULLYING INCLUDING ONLINE (CYBER) • DISCRIMINATION • BREAKDOWN IN OR LACK OF POSITIVE FRIENDSHIPS • DEVIANT PEER INFLUENCES • PEER PRESSURE • PEER ON PEER ABUSE • POOR PUPIL TO TEACHER/SCHOOL STAFF RELATIONSHIPS	• CLEAR POLICIES ON BEHAVIOUR AND BULLYING • STAFF BEHAVIOUR POLICY (ALSO KNOWN AS CODE OF CONDUCT) • 'OPEN DOOR' POLICY FOR CHILDREN TO RAISE PROBLEMS • A WHOLE SCHOOL APPROACH TO PROMOTING GOOD MENTAL HEALTH • GOOD PUPIL TO TEACHER/SCHOOL STAFF RELATIONSHIPS • POSITIVE CLASSROOM MANAGEMENT • A SENSE OF BELONGING • POSITIVE PEER INFLUENCES • POSITIVE FRIENDSHIPS • EFFECTIVE SAFEGUARDING AND CHILD PROTECTION POLICIES • AN EFFECTIVE EARLY HELP PROCESS • UNDERSTAND THEIR ROLE IN AND BE PART OF EFFECTIVE MULTI-AGENCY WORKING • APPROPRIATE PROCEDURES TO ENSURE STAFF AND CONFIDENT TO CAN RAISE CONCERNS AND POLICIES AND PROCESSES, AND KNOW THEY WILL BE DEALT WITH FAIRLY AND EFFECTIVELY
IN THE COMMUNITY	• SOCIO-ECONOMIC DISADVANTAGES • HOMELESSNESS • DISASTER, ACCIDENTS, WAR OR OTHER OVERWHELMING EVENTS • DISCRIMINATION • EXPLOITATION, INCLUDING BY CRIMINAL GANGS AND ORGANISED CRIME GROUPS, TRAFFICKING, ONLINE ABUSE, SEXUAL EXPLOITATION AND THE INFLUENCES OF EXTREMISM LEADING TO RADICALISATION • OTHER SIGNIFICANT LIFE EVENTS	• WIDER SUPPORTIVE NETWORK • GOOD HOUSING • HIGH STANDARD OF LIVING • HIGH MORALE SCHOOL WITH POSITIVE POLICIES FOR BEHAVIOUR, ATTITUDES AND ANTI-BULLYING • OPPORTUNITIES FOR VALUED SOCIAL ROLES • RANGE OF SPORT/LEISURE ACTIVITIES

APPENDIX B

SIGNS AND SYMPTOMS OF COMMON MENTAL ILL-HEALTH CONDITIONS

DEPRESSION

- FEELING SAD OR HAVING A DEPRESSED MOOD
- LOSS OF INTEREST OR PLEASURE IN ACTIVITIES ONCE ENJOYED
- CHANGES IN APPETITE — WEIGHT LOSS OR GAIN UNRELATED TO DIETING
- TROUBLE SLEEPING OR SLEEPING TOO MUCH
- LOSS OF ENERGY OR INCREASED FATIGUE
- INCREASE IN PURPOSELESS PHYSICAL ACTIVITY (E.G., HAND-WRINGING OR PACING) OR SLOWED MOVEMENTS AND SPEECH (ACTIONS OBSERVABLE BY OTHERS)
- FEELING WORTHLESS OR GUILTY
- DIFFICULTY THINKING, CONCENTRATING OR MAKING DECISIONS
- THOUGHTS OF DEATH OR SUICIDE

ANXIETY

- PALPITATIONS, POUNDING HEART OR RAPID HEART RATE
- SWEATING
- TREMBLING OR SHAKING
- FEELING OF SHORTNESS OF BREATH OR SMOTHERING SENSATIONS
- CHEST PAIN
- FEELING DIZZY, LIGHT-HEADED OR FAINT
- FEELING OF CHOKING
- NUMBNESS OR TINGLING
- CHILLS OR HOT FLASHES
- NAUSEA OR ABDOMINAL PAINS

OBSESSIVE-COMPULSIVE DISORDERS

COMPULSIONS ARE REPETITIVE BEHAVIOURS OR MENTAL ACTS THAT A PERSON FEELS DRIVEN TO PERFORM IN RESPONSE TO AN OBSESSION. SOME EXAMPLES OF COMPULSIONS:

- CLEANING TO REDUCE THE FEAR THAT GERMS, DIRT, OR CHEMICALS WILL "CONTAMINATE" THEM SOME SPEND MANY HOURS WASHING THEMSELVES OR CLEANING THEIR SURROUNDINGS. SOME PEOPLE SPEND MANY HOURS WASHING THEMSELVES OR CLEANING THEIR SURROUNDINGS.
- REPEATING TO DISPEL ANXIETY. SOME PEOPLE UTTER A NAME OR PHRASE OR REPEAT A BEHAVIOUR SEVERAL TIMES. THEY KNOW THESE REPETITIONS WON'T ACTUALLY GUARD AGAINST INJURY BUT FEAR HARM WILL OCCUR IF THE REPETITIONS AREN'T DONE.
- CHECKING TO REDUCE THE FEAR OF HARMING ONESELF OR OTHERS BY, FOR EXAMPLE, FORGETTING TO LOCK THE DOOR OR TURN OFF THE GAS STOVE, SOME PEOPLE DEVELOP CHECKING RITUALS. SOME PEOPLE REPEATEDLY RETRACE DRIVING ROUTES TO BE SURE THEY HAVEN'T HIT ANYONE.
- ORDERING AND ARRANGING TO REDUCE DISCOMFORT. SOME PEOPLE LIKE TO PUT OBJECTS, SUCH AS BOOKS IN A CERTAIN ORDER, OR ARRANGE HOUSEHOLD ITEMS "JUST SO," OR IN A SYMMETRIC FASHION.
- MENTAL COMPULSIONS TO RESPONSE TO INTRUSIVE OBSESSIVE THOUGHTS, SOME PEOPLE SILENTLY PRAY OR SAY PHRASES TO REDUCE ANXIETY OR PREVENT A DREADED FUTURE EVENT.

EATING DISORDERS

ANOREXIA NERVOSA:

PEOPLE WITH ANOREXIA NERVOSA DON'T MAINTAIN A NORMAL WEIGHT BECAUSE THEY REFUSE TO EAT ENOUGH, OFTEN EXERCISE OBSESSIVELY, AND SOMETIMES FORCE THEMSELVES TO VOMIT OR USE LAXATIVES TO LOSE WEIGHT. OVER TIME, THE FOLLOWING SYMPTOMS MAY DEVELOP AS THE BODY GOES INTO STARVATION:

- MENSTRUAL PERIODS CEASE
- HAIR/NAILS BECOME BRITTLE
- SKIN DRIES AND CAN TAKE ON A YELLOWISH CAST
- INTERNAL BODY TEMPERATURE FALLS, CAUSING PERSON TO FEEL COLD ALL THE TIME
- DEPRESSION AND LETHARGY
- ISSUES WITH SELF-IMAGE /BODY DYSMORPHIA

BULIMIA NERVOSA:

PATIENTS BINGE EAT FREQUENTLY, AND THEN PURGE BY THROWING UP OR USING A LAXATIVE.

- CHRONICALLY INFLAMED AND SORE THROAT
- SALIVARY GLANDS IN THE NECK AND BELOW THE JAW BECOME SWOLLEN; CHEEKS AND FACE OFTEN BECOME PUFFY, • TOOTH ENAMEL WEARS OFF; TEETH BEGIN TO DECAY FROM EXPOSURE TO STOMACH ACIDS
- CONSTANT VOMITING CAUSES GASTROESOPHAGEAL REFLUX DISORDER
- SEVERE DEHYDRATION FROM PURGING OF FLUIDS

SELF HARM

- SCARS
- FRESH CUTS, SCRATCHES, BRUISES OR OTHER WOUNDS
- EXCESSIVE RUBBING OF AN AREA TO CREATE A BURN
- KEEPING SHARP OBJECTS ON HAND
- WEARING LONG SLEEVES OR LONG TROUSERS, EVEN IN HOT WEATHER
- DIFFICULTIES IN INTERPERSONAL RELATIONSHIPS
- PERSISTENT QUESTIONS ABOUT PERSONAL IDENTITY, SUCH AS "WHO AM I?" "WHAT AM I DOING HERE?"
- BEHAVIOURAL AND EMOTIONAL INSTABILITY, IMPULSIVITY AND UNPREDICTABILITY
- STATEMENTS OF HELPLESSNESS, HOPELESSNESS OR WORTHLESSNESS
- HEAD BANGING
- INGESTING TOXIC SUBSTANCES.

KEY POINTS TO REMEMBER:

- NEGATIVE PRESENTATIONS CAN REPRESENT THE NORMAL RANGE OF HUMAN EMOTIONS. EVERYONE FEELS SAD, WORRIED, SHY OR SELF-CONSCIOUS AT TIMES AND THESE DO NOT NECESSARILY MEAN THAT A CHILD OR YOUNG PERSON IS EXPERIENCING MENTAL ILL-HEALTH.
- WHILST IT IS IMPORTANT TO BE AWARE OF POTENTIAL WARNING SIGNS, IT IS CRUCIAL TO STRESS THAT DIAGNOSES NEED TO BE MADE BY APPROPRIATELY QUALIFIED CLINICIANS, WHO USE A FULL RANGE OF INTERNATIONALLY AGREED CRITERIA, NOT BY EDUCATION PROFESSIONALS.
- IT IS COUNTER-PRODUCTIVE FOR NON-CLINICIANS TO USE DIAGNOSTIC TERMINOLOGY, WHICH MAY NOT SUBSEQUENTLY BE CONFIRMED, WITH PARENTS OR YOUNG PEOPLE.