HERRIES PREPARATORY SCHOOL

7a – MENTAL HEALTH & WELLBEING POLICY

For School Staff Wellbeing Policy See Separate Policy

Reviewed September 2023 as standalone policy
Created November 2018 as part of Safeguarding & Child Protection Policy

Rationale & Aims of 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)

Herries is committed to instilling the values '**H**appiness, **E**nthusiasm, **R**esilience, **R**espect, **I**ndependence, **E**xcellence and **S**incerity'. It strives to provide a safe and secure environment for pupils and promotes a climate where pupils feel confident about sharing any concerns they may have.

In order to achieve the above, the School aims to promote positive mental health for all pupils. Mental Health affects all aspects of a child's development including their cognitive abilities and their emotional wellbeing. Childhood and adolescence are when mental health is developed and patterns are set for the future. For most children, the opportunities to learn are exciting and challenging but they can also give rise to anxiety and stress. Children may also suffer mental health issues due to circumstances outside school.

Herries aims to:

• Promote positive mental health and emotional wellbeing for all students • Increase understanding and awareness of common mental health issues • Alert appropriate staff to early warning signs of mental ill health • Provide support to staff working with pupils with mental health issues • Provide support to pupils suffering mental ill health and their peers and parents

This policy aims to:

- Lay out the responsibilities of all staff in relation to the mental health and wellbeing of pupils
- State the intended outcomes of this policy
- Describe the school's approach to mental health issues
- Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- Provide support and guidance to all staff, including non-teaching staff and governors, including guidance on warning signs
- Provide support to those who suffer from mental health issues, their peers

and parents/carers

Staff Responsibilities

- The Senior Leadership Team (**SLT):**
    - is to lead by example in the school community encouraging the communication and further development of emotional wellbeing and mental health
    - is to have wellbeing and mental health as a regular item on the weekly agenda.
    - is to ensure the adoption of this policy, regularly review its effectiveness and add to / amend when necessary

- The Assistant Head Pastoral (who is also DSL):
    - is to lead on projects in relation to wellbeing and report back to SLT
    - should provide suitable training for staff
    - should co-ordinate and support the ELSA and Nurture provision across the school
    - maintains accurate records of all safeguarding and child protection issues
    - signposts children and families to the appropriate level of external support
    - support staff in dealing with pupils who have mental health issues
- All Teaching Staff:
    - should attend and contribute to weekly pastoral meetings, where the wellbeing of pupils is discussed
- All Staff
    - are responsible for fostering a culture which encourages pupils to openly discuss their problems
    - should refer any concerns they have about a pupils mental health or wellbeing to the Assistant Head Pastoral

The Board of Governors takes seriously its responsibility to uphold the aims of the school and its duty in promoting an environment in which children can feel secure and safe from harm. A nominated Governor monitors the school's safeguarding procedures and through the Headteacher, reports to the Board, making any recommendations for improvements.

The Headteacher is responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis. The DSL and DDSL are responsible for matters relating to child protection and welfare. In addition to the measures outlined

in this Safeguarding Policy, the school has a duty of care to protect and promote mental or emotional wellbeing.

Intended Outcomes

Leadership and management: The Senior Leadership Team (SLT) to lead the school's vision and strategic direction in terms of mental health and wellbeing. The school should provide visible senior leadership for emotional health and wellbeing and also reference and integrate within the school's strategic priorities, goals, aims and policies and practice.
School ethos: The school's culture promotes respect and values diversity. A whole school approach supports children's mental health through day-to-day contact and through building a sense of belonging.
Curriculum teaching and learning: Focus is given across the curriculum to social and emotional learning and promoting resilience. It is sufficiently intensive and ongoing with learning goals and themes being reinforced and threaded throughout the curriculum.
Enabling pupil voice: Pupils are involved and listened to and encouraged to talk about how they feel. The school allows time to give children the skills to know how and when to ask for help.
Staff development, health and wellbeing: Staff feel confident in identifying children's needs early and mobilising protective factors for children at risk of poor mental health. The professional and personal development of staff focuses on mental health and wellbeing.
Identifying need and monitoring impact: The school assesses the needs of all pupils; the progress of those who need support, and the difference made by programmes/interventions being used to improve mental health and wellbeing.
Working with parents/carers: The school engages with parents to reduce risks and de-escalate needs. This occurs through questionnaires, coffee mornings and continuous dialogue.
Targeted support and appropriate referral: Staff identify and support or refer children who may need extra help at an early stage.

School's Approach

School Ethos -
Herries promotes emotional wellbeing; it is a growing part of the culture of the school, reflected in and beyond the classroom where good mental health is explored through encouraging resilience, mind-set and mindfulness practice involving PSHEE lessons, values in assembly, the Herries toolbox and the personal development pages in the homework diary. Time, effort and these resources are directed to making 'good' mental health a priority. Through our values, there is also a collective responsibility within the Herries Community for an individual to be empathic towards another's need for help and support.

Curriculum teaching and learning
Herries follows the Jigsaw PSHEE scheme of work. Jigsaw is a mindful and child-centred approach to PSHE. It is an original and **comprehensive scheme of learning** which integrates personal, social, health and economic education with

emphasis on emotional literacy, mental health and SMSC, especially spiritual development.

In addition to discrete Jigsaw lessons and assemblies and the chime time pause for reflection, which is encouraged through this scheme, all lessons are taught with the Herries Values at the core: Lessons and feedback is delivered to promote independence and resilience in their learning.

Enabling Pupil Voice
Herries has a School Council, Houses and Eco-Council which meet regularly and allow a forum for pupils' to share their thoughts, opinions and ideas.

Weekly Pastoral Meetings

The most important role school staff play is to familiarise themselves with the risk factors

and warning signs outlined in Appendix.

If staff have a concern about a pupil, or another pupil raises concerns about one of their friends or if an individual pupil speaks to a member of staff specifically about how they are feeling, the Assistant Head Pastoral (who is also DDSL) is notified immediately and concerns about this child are put onto the agenda for the next weekly Pastoral meeting. If sensitive or more urgent, this is dealt with privately and / or immediately.
All teachers meet together to discuss the full picture surrounding children in a weekly pastoral meeting. All discussions are logged on HUBmis (see below).

Boxall, ELSA and Nurture
The school has invested in ELSA and NURTURE training for members of staff and the Boxall mental health profile assessment tool. This support is budgeted and timetabled for.

HUBmis
Concerns and reviews of children's well-being are logged and tracked on the school's management system - HUBmis.

Pupil Passports
Following consultation between the relevant members of staff, the pupil and the pupil's parents, a pupil passport will be written. This will lay out: ● the area of concern
(including all vested parties point of view - pupil, parents and school) ● Strategies and interventions put in place to support the child
● SMART targets
● A review date

Support to the sufferers of mental health issues, their peers and parents/carers

Within the Herries community there are many people who may be concerned about emotional wellbeing and who are ideally placed to act on their concern, for example teaching staff, ELSA trained staff, nurture group staff and friends. Initial intervention that is offered will vary depending on who is involved and what the cause is for concern.

Posters help pupils know whom they can access for help when they feel under emotional stress but it is important for all staff to be available to the children. The worry box adds another layer of pastoral support for each child.

Confidentiality and information sharing

Pupils may choose to confide in a member of staff if they are concerned about their own welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a pupil to be at any risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so. We will always explain to the child that if and when we break confidentiality, it is so that we can support the child promoting trust and engagement with the child.

Support and Guidance to Staff and Governors

Absence from school

If a pupil is absent from school for any length of time then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a pupil.

If the school considers that the presence of a pupil in a school is having a detrimental effect on the wellbeing and safety of other members of the community or that pupils mental health concern cannot be managed effectively and safely within the school, the Headteacher reserves the right to request that parents withdraw their child temporarily until appropriate reassurance have been met. It might be that permanent specific classroom support will need to be arranged through the family and provided. Reintegration to school: should a pupil require some time out of school, the school will be fully supportive of this and every step will be taken in order to ensure smooth reintegration back into school when they are ready.

The Assistant Head Pastoral will work alongside the Medical officer, DSL, the pupil and the parents to draw up an appropriate Pupil Passport. The pupil should have as much ownership as possible with regards to the Passport so that they feel they have some control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents.

ALGEE

Ask, assess, act

Where a child is distressed, the member of staff should ask them what support they need, assess the risk of harm to self or others and try to reduce any risk that is present.

Listen non-judgementally

Give them time to talk and gain their confidence to take the issue to someone who could help further.

Give reassurance and information

Tell them how brave they have been. Gently

Explain that you would like to help them.

Do not promise confidentiality -it could be a child protection

matter. Enable the child to get help

Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help. Encourage them to speak to someone-offer to go with them. Encourage self-help strategies.

Do not speak about your conversation and speak to the Assistant Head Pastoral quickly.

High Risk

If you consider the child to be at risk then you should follow Child Protection procedures and report your concerns directly to the DSL (Headteacher) who will decide on the appropriate course of action.

This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor/nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS with parental consent
- Giving advice to parents, teachers and other pupils
- Individual Care Plan (ICP)

Low Risk: The child needs a period of 'watchful waiting'

The Assistant Head Pastoral will instigate the appropriate time period of watchful waiting (up to 4 weeks).

After a period of watchful waiting, a child deemed to have continuing symptoms should be referred to a medical professional. This might be a specialist CAMHS or private referral.

APPENDIX

ANXIETY DISORDERS

Anxiety can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years. All children and children get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, some are just naturally more anxious than others, and are quicker to get stressed or worried.
Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their learning or relationships.

Anxiety disorders include:
• Generalised anxiety disorder (GAD)
• Panic disorder and agoraphobia
• Acute stress disorder (ASD)
• Separation anxiety
• Post-traumatic stress disorder
• Obsessive-compulsive disorder (OCD)
• Phobic disorders (including social phobia) Page **39** of **46**

Symptoms of an anxiety disorder
Physical effects
• Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
• Respiratory – hyperventilation, shortness of breath
• Neurological – dizziness, headache, sweating, tingling and numbness •
Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea •
Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects
• Unrealistic and/or excessive fear and worry (about past or future events)
• Mind racing or going blank
• Decreased concentration and memory
• Difficulty making decisions
• Irritability, impatience, anger
• Confusion
• Restlessness or feeling on edge, nervousness
• Tiredness, sleep disturbances, vivid dreams, unwanted or unpleasant repetitive thoughts

Behavioural effects
• Avoidance of situations

• Repetitive compulsive behaviour e.g. excessive checking
• Distress in social situations
• Urges to escape situations that cause discomfort (phobic

behaviour) **Depression**

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. Depression is a common but serious illness and can be recurrent. Rates of depression are higher in girls than in boys. Depression in children often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual.

Risk Factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a family relationship

Symptoms

- Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others/see you in a negative light, thoughts of death or suicide
- Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. ● Engaging in risk taking behaviours such as self-harm.
- Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

<u>EATING DISORDERS</u>

Definition of Eating Disorders

Anyone can get an eating disorder. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. They will strive to maintain a low body weight. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have episodes of binge-eating,

characterised by a loss of control, and usually in secret. This is then often followed by feelings of guilt or disgust, triggering compensatory behaviours to prevent weight gain.

Risk Factors

Individual Factors

• Difficulty expressing emotions – coping with significant changes in body shape or weight around puberty, in both boys and girls
• A tendency to comply with other's demands – following the crowd • Very high expectations of achievement, perfectionism and low self-esteem

Family Factors
• A home environment where food, weight or appearance have disproportionate significance or an over-protective home environment
• Poor parental relationships and arguments
• Abuse
• Overly high family expectations of achievement

Social Factors
• Being bullied, teased or ridiculed due to weight or appearance
• Pressure to maintain a high level of fitness/low body weight for e.g. sport

Warning Signs
School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical officer.

Physical Signs
• Weight loss
• Dizziness, tiredness, fainting
• Feeling Cold
• Hair becomes dull or lifeless
• Swollen cheeks
• Callused knuckles
• Tension headaches
• Sore throats / mouth ulcers
• Tooth decay

Behavioural Signs
• Restricted eating or following a diet/ excluding food groups, e.g. carbohydrates
• Skipping meals
• Scheduling activities during lunch
• Strange behaviour around food
• Excessive drinking of water

Increased conscientiousness
• Increasing isolation / loss of friends
• Belief they are overweight
• Secretive behaviour
• Visiting the toilet immediately after meals

Psychological Signs
• Preoccupation with food and sensitivity about eating
• Denial of hunger despite lack of food
• Feeling distressed or guilty after eating

• Self-dislike – particularly of body shape and fear of gaining weight • Moodiness
• Excessive perfectionism

Further Considerations

Any meetings regarding eating disorders should be recorded in writing including:
• Dates and times
• An action plan
• Concerns raised
• Details of anyone else who has been informed
This information should be stored in the Pastoral File held by the DSL

SELF HARM

Definition of Self- Harm
Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:
• Cutting, scratching, scraping or picking skin
• Swallowing inedible objects
• Hair-pulling
• Banging or hitting the head or other parts of the body
• Scrubbing the body excessively

Risk Factors
The following risk factors may make a child particularly vulnerable:

Individual Factors:
• Depression/anxiety
• Poor communication skills
• Low self-esteem
• Poor problem-solving skills
• Hopelessness
• Impulsivity

Family Factors
• Unreasonable expectations

• Abuse
• Poor parental relationships and arguments
• Depression, self-harm or suicide in the family

Social Factors
• Difficulty in making relationships/loneliness
• Being bullied or rejected by peers

Warning Signs
School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide.

These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the DSL.

Possible warning signs include:
• Changes in eating/sleeping habits (e.g. pupil may appear overly tired if not sleeping well)
• Increased isolation from friends or family, becoming socially withdrawn • Changes in activity and mood e.g. more aggressive or introverted than usual and lowering of academic achievement
• Talking or joking about self-harm or suicide
• Expressing feelings of uselessness
• Unwillingness to participate in certain sports activities e.g. swimming

Further Reading and Useful Links
HM Government (2011), No Health Without Mental Health, Department of Health Websites

Young Minds: http://www.youngminds.org.uk/for_parents

b-eat: http://www.b-eat.co.uk/

Childline: http://www.childline.org.uk

Mind: http://www.mind.org.uk/

NHS: http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx

Mental Health Foundation: http://www.mentalhealth.org.uk/