



## **Westwood & Grove Primary Schools Mental Health and Wellbeing Policy**

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This policy demonstrates the Mental Health and Wellbeing support provided within our school, it should be used in conjunction with our SEND and Safeguarding/Child Protection policy in cases where a child's Mental Health and Wellbeing needs overlap.

Schools have an important role to play in supporting the mental health and wellbeing of their pupils, by developing approaches tailored to the particular needs of their pupils. All schools are under a statutory duty to promote the welfare of their pupils, which includes: preventing impairment of children's health or development, and taking action to enable all children to have the best outcomes (*Mental Health and Behaviour in Schools 2018*).

### **Ethos**

At Westwood & Grove Primary Schools, we understand the importance of promoting positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and acknowledge that mental health and emotional wellbeing is as important as our physical health; children's mental health plays a crucial part in their overall wellbeing and can affect learning and attainment.

### **Introduction**

The Department for Education (DfE) recognises that: "in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy". Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience.

For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children's wellbeing, helping to foster a sense of belonging and community.

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also ensure that children understand what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

### **Policy Statement**

The purpose of Westwood & Grove Primary Schools' Mental Health and Wellbeing policy is to provide a secure framework for each school in promoting positive Mental Health and Wellbeing for those pupils who attend our schools.

We take a whole school approach to promoting positive mental health that aims to help

children become more resilient, happy and successful and to prevent problems before they arise. This encompasses seven aspects:

- Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands.
- Helping children to develop social relationships, support each other and seek help when they need it.
- Helping children to be resilient learners.
- Teaching children social and emotional skills and an awareness of mental health and wellbeing.
- Early identification of children who have emerging mental health needs and planning support to meet their needs, including working with specialist services.
- Effectively working with parents and carers.
- Supporting and training staff to develop their skills, resilience and be mindful of their own mental health and wellbeing.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health and wellbeing. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

### Lead members of staff

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

<b>Role:</b>	<b>Name:</b>
Senior Leaders responsible for Safeguarding	Mrs Lauraine Barnes & Ms Louise Creed
Designated Safeguarding Leads (DSL)	Miss Chloe Mansi (Westwood) and Mrs Anna Ball (Grove)
Alternate Designated Safeguarding Leads	Mrs Rae Aldous, Mrs Lauraine Barnes, Ms Louise Creed, Mrs Danielle Gillings, Miss Bethan Jones, Mrs Rachel Kounnas, Mrs Kelly Hough
Mental Health Champion and Mental Health First Aider	Chloe Mansi (Westwood) and Mrs Anna Ball (Grove)
Emotional Literacy Support Assistants (ELSA)	Chloe Mansi (Westwood) and Anna Ball (Grove)
PSHE Leads	Mrs Lauraine Barnes and Mrs Rachel Kounnas (Across Westwood and Grove)

## Teaching about Mental Health and Wellbeing

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the [PSHE Association Guidance](#)<sup>1</sup> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

We will ensure that staff, children and parents are aware of sources of support within school and in the local community. (*The support available within our school and local community, who it is aimed at and how to access it is outlined at the end of this policy*).

We will display relevant sources of support in communal areas such as shared Key Stage areas, corridors and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. If there is a fear that the child is in danger of immediate harm then the normal child protection and safeguarding procedures should be followed with an immediate referral to the Designated Safeguarding Lead (DSL) or an Alternate Designated Safeguarding Lead (ADSL) in their absence. If the child 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 as necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by Miss Chloe Mansi or Mrs Anna Ball. Guidance about referring to CAMHS is provided at the end of this policy.

## **Possible Signs or Symptoms of Deteriorating Mental Health in Children**

School staff may become aware of warning signs which indicate a child 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 Miss Chloe Mansi or Mrs Anna Ball.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Reluctance to change for PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause

## **Managing disclosures**

A child 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 child 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 child's emotional and physical safety, rather than of exploring 'Why?'.

All disclosures should be recorded in writing on a Pink Safeguarding Form and handed to a Designated Safeguarding Lead (DSL).

This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Details of the conversation
- Agreed next steps/actions

The DSL will upload the form onto My Concern and offer support/advice regarding next steps. See end of policy for guidance about making a referral to CAMHS.

## **Confidentiality**

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

- 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 / professional and / or a parent. This will depend upon a) child's age, b) seriousness of the risk of harm or c) the nature of the risk to the child

Any disclosures made are shared with the mental health leads Miss Chloe Mansi, Mrs Anna Ball and the Senior Leaders for Safeguarding. 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 would explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed. Children may choose to tell their parents themselves. If this is the case, the child should be given 24 hours to share this information before the school contacts parents. We should always give children the option of informing parents for them or with them. If the school felt that the student was at significant risk the school would not wait 24 hours to start support options.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed. Any concerns should be raised to a DSL in school and a referral to Customer First should be made on 0808 800 4005.

## **Working with Parents**

In order to support parents, we will:

- Highlight sources of information and support about mental health and emotional wellbeing on our school website
- Share and allow parents to access sources of further support, e.g. through parent forums. Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their child.
- Make our emotional wellbeing and mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

Where it is deemed appropriate to inform parents of their child's Mental Health needs, 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 and 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 needs 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 we are sharing. Sharing sources of further support aimed specifically at parents can also be helpful, e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

## **Working with Other Agencies**

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
- Educational psychology services
- Paediatricians
- CAMHS (Child and Adolescent Mental Health Service)
- Counselling services
- Family Support Workers
- Therapists

## **Sources of Support in School and Externally**

### ***School Based Support***

Westwood and Grove will offer support through targeted approaches for individual pupils or groups of pupils which may include:

- Circle time approaches or 'circle of friends' activities
- Targeted use of SEAL resources
- Managing feelings resources, e.g. 'worry boxes' and 'worry eaters'
- Managing emotions resources, e.g. 'the incredible 5 point scale'
- Primary Group Work/Mental health and wellbeing groups
- ELSA support groups
- Therapeutic activities including art, Lego and relaxation and mindfulness techniques.

Westwood and Grove will make use of resources to assess and track wellbeing as appropriate including:

- Strengths and Difficulties questionnaires
- The Boxall Profile
- ELSA Assessments

Parents and children have daily access to Miss Chloe Mansi and Mrs Anna Ball (Pastoral Support and Mental Health Leads) and are able to see the Executive Headteacher, Head of School or their child's/children's Class Teachers when requested.

### ***YMCA Support***

The YMCA team comes into school on a weekly basis to deliver both 1:1 and group support for children and this is a free service. YMCA helps children with friendship issues, changes in family systems, self-esteem, transitioning to high school, etc.

## **External Support Services**

Point One – Offering professional mental health support to 0 – 17 year olds – 0800 977 4077  
[www.point-1.org.uk](http://www.point-1.org.uk)

CAMHS (Children and Adolescent Mental Health Service):

- Meridian House (Beccles) 01502 533500
- Silverwood (Great Yarmouth) 01493 337601

Anxiety UK - [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

OCD UK - [www.ocduk.org](http://www.ocduk.org)

Depression Alliance - [www.depressoinalliance.org](http://www.depressoinalliance.org)

Eating Disorders - [www.b-eat.co.uk](http://www.b-eat.co.uk) and [www.inourhands.com](http://www.inourhands.com)

One Life Suffolk (Healthy Lifestyle Support) 01502 564579 [www.onelifesuffolk.co.uk](http://www.onelifesuffolk.co.uk)

National Self-Harm Network - [www.nshn.co.uk](http://www.nshn.co.uk) and [www.selfharm.co.uk](http://www.selfharm.co.uk) Suicidal thoughts

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

YMCA Trinity Group - 01473252456 <https://ymcatrinitygroup.org.uk/family-support/youth-lowestoft/>

### **For more generalised information and support:-**

[www.childline.org.uk](http://www.childline.org.uk) - 0800 1111 (free 24 hour) confidential listening

[www.relate.org.uk](http://www.relate.org.uk) - 0300 100 1234

[www.samaritans.org](http://www.samaritans.org) – 116 123 (free 24 hour)

[www.youngminds.org.uk](http://www.youngminds.org.uk) - Champions young people's mental health and wellbeing

[www.mind.org.uk](http://www.mind.org.uk) - Advice and support around mental health and wellbeing

[www.minded.org.uk](http://www.minded.org.uk) - (e-learning)

[www.time-to-change.org.uk](http://www.time-to-change.org.uk) - Tackles the stigma of mental health

[www.rethink.org](http://www.rethink.org) - Challenges attitudes towards mental health

## **What makes a good CAMHS referral?**

If the referral is urgent, it should be initiated by phone so that CAMHS can advise on the 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) or carer(s) and the referred child or children?
- Has the referral to CAMHS been discussed with a parent/carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or 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 or 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 guide you as to whether or not a CAMHS referral is appropriate.

For further support and advice, our primary contacts are:

**Mental Health Leads and Designated Safeguarding Leads Miss Chloe Mansi (Westwood) and Mrs Anna Ball (Grove)**

[cmansi@westwoodprimary.org](mailto:cmansi@westwoodprimary.org) or [a.ball@groveprimaryschool.org](mailto:a.ball@groveprimaryschool.org)

Involvement with CAMHS	
	Current CAMHS Involvement – <b>END OF SCREEN*</b>
	Previous history of CAMHS involvement
	Previous history of medication for Mental Health
	Any current medication for Mental Health
	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 child'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 events (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing or responding to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of over activity & impulsivity above what would be expected; in all settings)
	1	Obsessive thoughts and/or compulsive behaviours (e.g. handwashing, 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
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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 behaviours towards adults and other children
	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
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**Add up all the scores for the young person and enter into the 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