



Peninsula East
Primary Academy



LEIGH
Academies Trust

Peninsula East Primary Academy

Mental Health and Emotional Wellbeing Policy

September 2024

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1.0 Policy statement

At *Peninsula East Primary Academy*, we are committed to promoting positive mental health and emotional wellbeing to all students, their families and members of staff and governors. Our open culture allows students' voices to be heard, and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

2.0 Scope

This policy is a guide to all staff – including non-teaching and governors – outlining Peninsula East Primary Academy's approach to promoting mental health and emotional wellbeing. It should be read in conjunction with our Child Protection, RSE and PSHE policies.

3.0 Policy Aims

- Promote positive mental health and emotional wellbeing in all staff and students.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in students.
- Enable staff to understand how and when to access support when working with young people with mental health issues.
- Provide the right support to students with mental health issues, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

4.0 Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of students, however key members of staff have specific roles to play:

- Family Liaison Officer - Jane Dyke
- Designated Safeguarding Lead - Lorna Rimmer
- SENCO - Rachael Champ
- Mental Health Lead - Chloe Brading
- PSHE/RSE Coordinator - Millie Sawyer

If a member of staff is concerned about the mental health or wellbeing of students, in the first instance they should speak to the students' class teacher and the Mental Health Lead. If there is a concern that the student is at high risk or in danger of immediate harm, the school's child protection procedures should be followed (see Child Protection Policy). If the child presents a high risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

5.0 Individual Care Plans

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, SENCO, Mental Health Lead and relevant professionals.

Suggested elements of this plan include:

- Details of the pupil's situation/condition/diagnosis

- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role the school and specific sta

6.0 Teaching about mental health

The skills, knowledge and understanding our students need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHEe curriculum.

We will follow the guidance issued by the Medway and the PSHE Association to prepare us to teach about mental health and emotional health safely and sensitively.

Incorporating this into our curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people.

Additionally, we will use such lessons as a vehicle for providing students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges. **See Section 14 for Supporting Peers**

7.0 Signposting

We will ensure that staff, students and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school (noticeboards, toilets etc.) and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure students understand:

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

8.0 Sources of support at school and in the local community

If a pupil is identified as being at risk or having mental health concerns, a meeting will be held to identify the best way that we can support as a school. This support may include:

School based support:

- Drawing & talking therapy
- Play Therapy
- Mentoring
- Weekly check-ins from SLT or the FLO

Local Support

In Medway, there are a range of organisations and groups offering support, including the **CAMHS partnership**, a group of providers specialising in children and young people's mental health wellbeing. These partners deliver accessible support to children, young people and their families, whilst working with professionals to reduce the range of mental health issues through prevention, intervention, training and participation.

9.0 Warning Signs

Staff may become aware of warning signs which indicate a student 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 alert the DSL.

Possible warning signs, which all staff should be aware of 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 secretly
- Lateness to, or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

10.0 Targeted support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We work closely with school nurses and their teams in supporting the emotional and mental health needs of school-aged children and are equipped to work at community, family and individual levels. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.

We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
- Working closely with Medway Children’s Services, CAMHS and other agencies services to follow various protocols including assessment and referral;
- Discussing options for tackling these problems with the child and their parents/carers. Agree an Individual Care Plan as the first stage of a ‘stepped care’ approach;
- Providing a range of interventions that have been proven to be effective, according to the child’s needs;
- Ensure young people have access to pastoral care and support, as well as specialist services, including CAMHS, so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and
- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

11.0 Managing disclosures

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental.

All disclosures should be recorded confidentially on the student’s personal file, including:

- | | |
|-----------------------------------------------------------|------------------------------------------|
| ▪ Date | ▪ Nature of the disclosure & main points |
| ▪ Name of member of staff to whom the disclosure was made | from the conversation |
| | ▪ Agreed next steps |

This information will be shared with the Designated Safeguarding Lead and the Mental Health Lead.

12.0 Confidentiality

If a member of staff feels it is necessary to pass on concerns about a student to either a professional within or outside of the school, then this will be first discussed with the student. We will tell them:

- | | |
|----------------------------------|---------------------------------|
| ▪ Who we are going to tell | ▪ Why we need to tell them |
| ▪ What we are going to tell them | ▪ When we’re going to tell them |

Ideally, consent should be gained from the student first, however, there may be instances when information must be shared, such as students up to the age of 16 who are in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents must always be informed, but students may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school makes contact with the parents/carers.

If a pupil gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but the child protection procedures should be followed.

13.0 Whole school approach

13.1 Working with parents/carers

If it is deemed appropriate to inform parents there are questions to consider first:

- Can we meet with the parents/carers face-to-face?
- Where should the meeting take place – some parents are uncomfortable in school premises so consider a neutral venue if appropriate.
- Who should be present – students, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agreed are added to the pupil's record and an Individual Care Plan created if appropriate.

13.2 Supporting parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.);
- Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners; and
- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.

14.0 Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conversations by the student 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 needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

15.0 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 to enable them to keep students safe.

Staff will be referred to The MindEd learning portal <https://www.minded.org.uk/> which provides free online training suitable for staff wishing to know more about a specific issue.

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

Where the need to do so becomes evident, we will plan additional meetings for staff to promote learning or understanding about specific issues related to mental health.

16.0 Policy Review

This policy will be reviewed annually to ensure it is up to date with any changes within school or locally regarding mental health and well-being. The next review date is **September 2024**. In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of the Mental Health Lead.

Any personnel changes will be implemented immediately.

17.0 Useful links

Mind UK: <https://www.mind.org.uk/> Information about mental health and where to find support.

Child Bereavement UK: <https://www.childbereavementuk.org/> Support for explaining death to a child.

NHS advice for parents:

<https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/> Advice on how to support children with mental health problems.

Young Minds: <https://www.youngminds.org.uk/professional/resources/> resources and advice for parents on how to support their children.

Mental Health UK: <https://mentalhealth-uk.org/help-and-information/downloadable-resources/> resources and advice.

18.0 Appendix

Risk and protective factors table (Mental health and behaviour in schools Nov 2018)

Table 1: Risk and protective factors that are believed to be associated with mental health outcomes

	Risk factors	Protective factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

	Risk factors	Protective factors
In the school	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • 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 	<ul style="list-style-type: none"> • 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