



# Evelyn Street Primary School

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Policy Title	Mental Health and Emotional Well-being Policy
School/WBC (Adopted date)	School
This policy complies with Warrington LA guidance	Yes
Linked Polices:	Curriculum statement and guidance Safeguarding policies SEND Policy Behaviour Policy
Written By	School
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FGB Ratification Date	December 18
Signed by Chair of Governors	Mr N Spencer
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## **What is meant by Mental Health and Emotional Well-being?**

We use the World Health Organisation's definition of mental health and well-being:

*"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".*

Mental health and wellbeing is not just the absence of mental health problems.

We want all children to:

- Feel confident in themselves
- Be able to express a range of emotions appropriately
- Be able to make and maintain positive relationships with others
- Cope with the stresses of everyday life
- Manage times of stress and be able to deal with change
- Learn and achieve

### **Aims**

At Evelyn Street Primary School, we aim to promote positive mental health and well-being for our whole school community (children, staff, parents and carers), and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health. We recognise that children's mental health is a crucial factor in their overall well-being and can affect their learning and achievement. All children go through ups and downs during their school career and some face significant life events.

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 well-being and can help stimulate 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 by accessing help when they need it. We also have a role to ensure that children learn about 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.

Our aim is to help develop the protective factors which build resilience to mental health problems and to be a school where:

- All children are valued,
- Children have a sense of belonging and feel safe,
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma,
- Positive mental health is promoted and valued,
- Bullying is not tolerated.

In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being.

## **The Evelyn Street Way**

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:

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

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

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. 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 children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We follow the PSHE Association Guidance (funded by the Department for Education) to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps to strengthen resilience before serious mental health problems occur.

## **Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of children, the key members outlined in this policy are:

Mental Health Lead – Staci Cooper (SENDCo)

Pastoral Lead – Beth Goodier

Lead First Aider – Liz Dickenson

Designated Safeguarding Leaders – Jenny Hindley, Clare Westwell, Kay Tobin and Beth Goodier

Head of PSHE – Kay Tobin

Any member of staff who is concerned about the mental health or well-being of a child should speak to the Mental Health Lead in the first instance, they should not attempt to diagnose the problem because as stated in Mental Health and Behaviour in Schools (November 2018) “School staff cannot act as mental health experts and should not try to diagnose conditions”.

## **Identification**

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional well-being issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with our Mental Health 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 secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

## **Disclosures and Confidentiality**

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.

In school, all children are taught about ALGEE. This is a child centred approach which ensures that each person within the school is aware of the steps that must be taken to keep our children safe:



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 and held on the child's confidential file.

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 store the record appropriately and offer support and advice about next steps.

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

- 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 and/or a parent.

It is always advisable to share disclosures with a colleague, usually the Mental Health Lead, as this helps to safeguard our own emotional well-being 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 should 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 and 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 us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but a Designated Safeguarding Lead must be informed immediately.

### **The Graduated Response**

The Department for Education (DfE) sets out the principles of a graduate response within its Special Educational Needs and Disability Code of Practice (2015). Social, emotional and mental health difficulties are identified as a broad area of need within the document. The Code of Practice states that a graduated response “should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil’s needs and of what supports the pupil in making good progress and securing good outcomes”

The four parts of this cycle are: **Assess, Plan, Do, and Review.**

Here the implementation of the Assess, Plan, Do, Review cycle in relation to emotional health and wellbeing has three key stages:

#### **Universal Support: Prevention**

Developing a whole school approach through the use of the PSHE Character Curriculum and PSHE Association Guidance (funded by the Department for Education) to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms.

Having a consistent approach to behaviour that is in-line with our own Behaviour Policy and following the procedures outlined in our Ant-Bullying Policy.

Ensuring every child is aware that it is ok to not be ok and to ask for help, in accordance with ALGEE which is displayed around the school environment and in every classroom.

Working with the wider community and assessing the overall level of behavioural and emotional difficulties in the school so that effective measures can be put in place.

#### **Early Support**

For some children, the Universal Support may not be sufficient in developing their resilience and coping strategies, subsequently they will be identified by staff for further support or intervention.

**Step 1** - Staff should implement support within the classroom through the use of additional resources and by adapting classroom practise as appropriate.

**Step 2** - If necessary, an Internal Referral Form is completed and submitted for discussion by the Inclusion Team during Joined-Up Care meetings. The outcome of this could be to deploy an existing member of staff, usually the Learning Mentor, to carry out an appropriate intervention with the child.

Support from external agencies may be required to ensure the intervention is successful and has a positive impact.

A Strengths and Difficulties Questionnaire (SDQ) will be completed to better to support the child and to determine the focus of these sessions. Further questionnaires will be completed to monitor the impact of the programme and to ascertain whether a referral to specialist support should be made.

### **Access to Specialist Support**

Where it is identified that a child requires a greater level of support, we will commission specialist support through the appropriate process. The support given in Stage 2 will continue with suitable adjustments. Referrals may be made to CYPMHS (Children and Young Persons Mental Health Services) for counselling and other specialised support. In school we also have access to Art Therapy and a Counsellor who both carry out on-site sessions.

Despite the involvement from external agencies, the well-being of all children is still the school's responsibility and the support will be monitored by the Mental Health Lead.

We recognise that children can experience crisis points, and there may be isolated times where it is not appropriate or safe to follow this graduated response, and a more immediate response is required.

- If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to a Designated Safeguarding Leader.
- If the child presents with a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the Lead First Aider and contacting the emergency services if necessary.

For further guidance of this process, please our Mental Health Graduated Response.

## **Individual Care Plans**

We recognise that some children will need on-going support and the Mental Health Lead will meet with children on a regular basis. We are careful not to “label” children with a diagnosis without prior and sensitive consultation with parents and other relevant professionals.

We have a duty of care to support children and will seek advice from medical staff and mental health professionals on the best way to support children. When a child leaves an inpatient provision and is transitioning, we will carry out a risk assessment and produce an Individual Care Plan to support the child to re-integrate successfully back to school.

An individual care plan for children causing concern and/or receive a diagnosis pertaining to their mental health should be drawn up involving the child, their parents and relevant health professionals. This can include:

- Details of a child’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

If the school, professionals and parents conclude that it is in the best interest of the child to apply for an Education and Health Care Plan (EHC), then we refer to the school’s SEND Policy.

## **Supporting Parents**

We recognise the important role parents and carers have in promoting and supporting the mental health and well-being of their children, and in particular supporting children who do have mental health needs.

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 access 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
- 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.

When discussing a concern with parents, 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 child, 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 steps and always keep a brief record of the meeting on the child's confidential record.

### **Supporting Peers**

When a child 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 the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other.

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 child 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

### **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 children safe.

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 children.

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.

## Mental Health Graduated Response

Identification - Has the Universal Support been effective?

No - Have reasonable adjustments been made to classroom practise?

Yes - Continue with approach.

No - Implement changes using support from Mental Health Lead as required.

Yes - Has this worked?

No - Use the Internal Referral Form to request support from the Inclusion Team

Yes - Continue with approach.

Inclusion Team - Has an SDQ been completed?

No - Complete a Strength and Difficulties Questionnaire to identify next steps.

Yes - Does the child require specialist support?

Monitored using an SDQ to ascertain impact. Length of programme depends on the child.

No - arrange an intervention programme with the Learning Mentor

Yes - make a referral to the appropriate professional, using the SDQ results to support.

If the school's Counsellor or Art Therapist don't have the capacity to intervene, then the referral will be to CYPMHS.