

Pipworth Community Primary School



Positive Mental Health and Wellbeing



- Article 2: I have a right to have adults do what is best for me.
- Article 3: Adults must do what is best for me.
- Article 6: I have a right to be supported to live and grow.
- Article 12: I have a right to be listened to and taken seriously.
- Article 36: I have the right to be kept safe from things that could harm my development.

Date Agreed:	May 2019
Date Reviewed:	May 2025
Reviewed by:	Maria Jackson-Brown
Policy to be reviewed by:	May 2027

Our vision is for all pupils to achieve their best outcomes through a creative, inclusive and engaging curriculum, enabling them to become lifelong learners.

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1. Lead Members of Staff

ALL staff have a duty of care to promote and support the mental health of all students, staff, and parents/carers within our school community. Pipworth staff are dedicated to ensuring that children are given opportunities to develop emotionally, physically and personally.

Maria Jackson-Brown (Deputy Head) has completed the national accredited Senior Mental Health Lead training and has trained as a Positive Regard Lead Specialist. The school has a strategic approach to ensuring that everyone can flourish in safety, and with dignity, through school routines and social norms. Working together, the SLT, the Pastoral Support Team, staff, families and Governors, school offers a graduated response to emotional health and wellbeing with the aim to promote positive behaviours and deter unacceptable behaviour.

Staff with a specific, relevant remit include:

- Mrs. Helen Kenyon (Deputy Designated Safeguarding Lead / Head teacher)
- Mrs. Maria Jackson-Brown (Designated Safeguarding Lead / Deputy head and **Senior Mental Health Lead Practitioner**)
- Mrs. Nicky Bradley (KS2 SENCO / Assistants head teacher)

Pastoral Support Team (PST)

- Milly Anderson (Learning Mentor / Mental Health Champion)
- Marie Phippen (Learning Mentor / Mental Health Champion)
- Ibrar Azam (Learning Mentor)

Trauma Informed Schools UK trained

- Ruth Sequerra (Senior Teaching Assistant)
- Nicky Bradley (Assistant head teacher)

Healthy Minds –

- Clinical Psychologist – Mark Uzzell
- Emotional Mental Health Practitioner – Abigail Cassell

2. Rationale

‘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 Organisation)

We recognise that many children and families in our school community are exposed to adverse childhood experiences (ACEs) which is shown to relate to mental and physical health difficulties in later life. Current research highlights the growing prevalence of mental ill health and emotional wellbeing issues which means we need to be proactive in developing and implementing practical, relevant, and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

We believe that everyone working in education should have the opportunity to enjoy the highest possible standard of wellbeing and mental health. As stated in ‘The Education Staff Wellbeing Charter’ (2021), we are united in the view that improved wellbeing among education staff is key to improving outcomes for children and young people.

At our school, we aim to promote positive mental health for every member of our staff, every pupil, and every family.

- We recognise that staff are a precious resource: valuing them, and their wellbeing and mental health, is a duty we all share.
- We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

2.1 The Policy Aims

This policy is intended as guidance for all staff including non-teaching staff and governors as it sets out the school’s approach to promoting positive mental health and wellbeing.

This policy should be read in conjunction with our Safeguarding policies, Behaviour and Support policy and Health and Safety policy. In cases where a student’s mental health overlaps with or is linked to a medical issue, refer to the medical policy, and the SEND policy where a student has an identified special educational need. The principles of this policy supports the school aims to:

- Provide an emotionally healthy culture to enable students and staff to experience emotional wellbeing and develop emotional resilience
- Provide a framework to promote and support positive mental health in all students and staff across school
- Provide information regarding mental health and wellbeing
- Support staff in how to respond to difficulties relating to mental health
- Provide a clear signposting and support structure, both within and outside school, to support staff in gaining help when students display symptoms of mental health difficulties
- Provide guidance to staff as to how to access support for their own mental health and wellbeing

So that...

- Staff, pupils, and families are supported to meet their own needs
- Staff, pupils, and families can support others
- Pupils experience a climate and school culture that promotes best outcomes for all
- Pupils, staff, and families access support if required in a timely manner



We hold the Gold Award as a UNICEF Rights Respecting School

The Convention has 54 articles (laws) that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights of the child. These rights apply to every child and the agreement entitles every child to claim their rights. Adults and governments are duty bearers and must work together to make sure all children have their rights fulfilled.

Every child has rights "without discrimination of any kind, irrespective of the child's or their parent's or guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status" (Article 2). Putting 'rights' into practice every day supports and promotes wellbeing, participation, relationships and self-esteem of children in school and beyond the school gates.

At Pipworth Community Primary School adults actively promote pupil rights and gather pupil voice through interviews, School Council meetings and questionnaires to ensure that they:

- Are healthier and happier
- Feel safe
- Have better relationships
- Become active and involved in school life and the wider world

For more information please visit the UNICEF Rights Respecting website [UNICEF Rights Respecting Schools](https://www.unicef.org/uk/rights-respecting-schools).

3. Our whole school approach includes

Good emotional wellbeing in a school environment requires a whole school approach, of which this policy forms a part. By tackling mental health and emotional wellbeing across school, we reduce stigma and create an environment where anyone (including staff) feels able to talk openly and honestly about how they are feeling. We have a close relationship with a range of outside agencies and recognise that close working leads to a strong, joined-up approach.

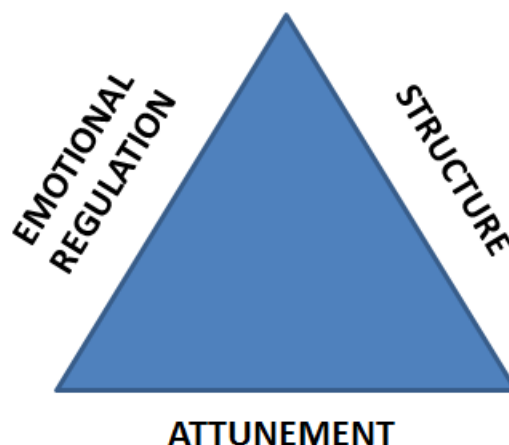
We recognise that our safe, supportive, and positive environment helps our students to build emotional resilience, self-esteem and is protective against future mental health difficulties.

We will ensure that:

- Every child receives a positive welcome when they come into school
- We endeavour to build relationships when not at crisis point
- We listen to students non-judgmentally and empathically when they are talking to us
- We engage in regular check-ins with students throughout the school day and week
- There are sensory breaks throughout the day to help students regulate their emotions and optimise learning
- Behavioural interventions will be implemented consistently, fairly and in a supportive manner

3.1 Model of emotional wellbeing

We use the following triangle as a theoretical model of emotional wellbeing, recognising that the combination of a safe and consistent structure, good attunement (relationships) both between staff and students and between students, and positive support for students' emotional regulation can help build emotional resilience and improve wellbeing.



- **Structure** refers to existing rules, routines and expectations that are vital in keeping everyone safe and contained. When students have a clear, consistent structure in their lives they feel more able to express their emotions in an environment that is supportive rather than disorderly.
- **Attunement** refers to the recognition that relationships that involve fully 'tuning in' to the other person are key in building emotional resilience and are protective against future mental health difficulties. Students then feel that there is someone who 'gets them', which is vital in brain development and learning how to deal with your own emotions.
- **Emotional regulation** refers to supporting students develop the ability to adjust their internal state to cope with external demands by 'containing' their feelings using empathy, good listening and helping them understand their emotions. This involves giving students opportunities to experience and label difficult emotions in a safe environment, rather than avoiding or minimising normal, everyday feelings such as anxiety or low mood.

Research has shown that to provide an optimal emotionally healthy environment, schools should combine the three aspects of the above triangle by being supportive and caring with a disciplined, orderly environment involving clear (but not stifling) rules and procedures (Muijs & Reynolds, 2017).



3.2 Positive Regard

'Positive Regard' is a holistic approach to meeting the needs of the child through an understanding culture of support. Recognising the challenges children face in today's society, staff at Pipworth Community primary School are trained to recognise the signs of stress, trauma and emotional imbalance, which can lead to children displaying unacceptable behaviour.

Taking the 'Positive Regard' approach, staff aim to identify the root cause of challenges and use positive behaviour support to repair relationships, build trust and decrease the signs of stress in children to increase the pupil's focus and engagement in teaching and learning, as well as increasing their opportunities to achieve in all aspects of their lives.

Staff will always seek to understand the cause of unacceptable behaviour and use de-escalation techniques as they respond to pupils' behaviour, and before issuing sanctions. Staff understand that when a pupil is unable to self-regulate the agreed steps (as outlined below) may not be immediately appropriate and the pupil may need time to calm before sanctions can be used.

De-escalation techniques include:

- o Supportive listening
- o Support to breathe calmly
- o Support to take 'time out / away' from the situation
- o Re-direction or support to refocus on work

3.3 Mental health in the curriculum

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 curriculums PSHE / RSHE, Safeguarding and Personal Development. This may include topics related to:

- Bullying
- Drugs and alcohol
- Physical health and wellbeing
- Economic wellbeing and financial capability
- Relationships and sex education
- Online safety

The specific 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 students 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 (2020) to ensure we teach mental health and emotional wellbeing issues safely and sensitively. If required, children may be offered additional support from the Learning Mentors. Parents will be informed post session if a child has needed additional support following discussions. Parents should equally approach school should children disclose they need additional support following a teaching session.

3.4 Mental health and wellbeing - pupil voice

In addition to School Council, Anti-Bullying Ambassadors and the School News Paper team, student voice is heard through regular meetings and surveys in order to:

- Develop mental health support in school
- Contribute to initiatives
- Gain feedback in which the students can be involved in early intervention, education, and support for emotional wellbeing across school.

Research has also shown that schools are in an ideal position to provide a nurturing, supportive environment and positive, life-enhancing relationships that can be protective against mental health difficulties developing in the future. Holistic, whole-school interventions focusing on providing a healthy and safe environment are most likely to positively impact mental health outcomes (Langford et al., 2014).

This policy is written in line with recent Government developments relating to mental health, including the recent 'Transforming Children's and Young People's Mental Health Provision' green paper (Department of Health and Social Care & Department for Education, 2017). It also supports the new 2019 Ofsted Framework (Ofsted, 2019), in particular the focus on personal development.

In promoting good mental health and well-being pupils can expect to experience

- A promotion of group work within classroom activities and an encouragement of after school teams and clubs.
- Teaching of social skills of sharing, turn taking, listening, and managing difference of opinion - both in and out of the classroom.
- Teaching of emotional vocabulary, so that children may develop the language skills to help them recognise and understand their own and others feelings. (PSHE and RSHE)
- A Safeguarding Curriculum that promotes a culture of safety and support (PSHE and RSHE)
- Using social problem-solving structures such as circle time and peer mediation to give pupils a framework for resolving difficulties constructively.
- Use of playtimes as a chance to extend opportunities for independence and responsibility, promoting role models and children's rights (linked to RRS).
- The school has a number of programmes in place for pupil to pupil support (these are supported by the Pastoral Support Team)
- Use of School Council to help represent pupil voice and efficacy.
- Pupil voice is regularly gathered through questionnaires, interviews, school council and feedback from staff as a result of PSHE / circle time sessions.
- Frequent engagement with families, including opportunities to engage with learning activities in school, a free breakfast bar, home visits (if required), 'open door' support from the Pastoral Support Team and support to engage with other agencies
- The ideologies of 'Rights Respecting Schools'

The school recognises its legal duty under the Equality Act 2010 to prevent pupils with a protected characteristic from being at a disadvantage. Consequently, our approach to challenging behaviour may be differentiated to cater to the needs of the pupil.

Additional support is offered via:

- Activities and support is offered **over break and lunchtimes** through clubs, access to the Learning Mentors' room, the school library and 'Youth Club' (run at lunchtimes with lots of activities for pupils who do not want to be on the yard) - all areas are supervised by a member of staff.
- '**Safe spaces**' have been made available around school for pupils to go to if they need time and space to regulate (these are located in places where staff are available to offer support).
- Various courses and activities run by our **Learning Mentors** (e.g. Anger Management, Conflict Resolution, 'Stop, Think, Do' and Special Time etc.) for use with individual children and small groups to give pupils the opportunity to talk/ discuss any underlying causes of behaviour.
- Children are encouraged to talk to staff about their worries/concerns through support offered by Learning Mentors.
- The **Pastoral Support Team** meet regularly to identify any pupils showing persistent poor behaviour, so that possible reasons can be identified and support arranged.
- **Additionally Resourced Curriculum (ARCs)** learning groups for pupils working significantly below year groups expectations.
- Access to an onsite **clinical psychologists**
- The **Special Educational Needs Co-ordinator** will evaluate a pupil who exhibits challenging behaviour to determine whether they have any underlying unmet needs.
- Where necessary, support and advice will also be sought from specialist teachers, an educational psychologist, medical practitioners and/or others, to identify or support specific needs.
- When acute needs are identified in a pupil, we will liaise with external agencies and plan support programmes for that child. We will work with parents to create the plan and review it on a regular basis.

4. Targeted support

Where there is particular concern for a student or they need additional support, then an individual care plan will be drawn up with the student, parent/carers, and any relevant health professionals. Information that included:

- The presenting difficulties for that student
- A formulation that takes account underlying triggers and potential causes
- Any maintaining and protective factors
- Medication details and any other specific requirements
- What to do/who to contact in an emergency
- Signposting to any send / EHCP
- Other support structures within school

We also recognise the interaction of internal factors such as resilience and vulnerability with external factors such as adversity and a protective environment in assessing the mental health needs and risk management aspects of individual students. We consider this 'whole picture' of the child to design relevant and appropriate support plans for individual pupils.

4.1 Warning Signs

Warning signs, no matter how subtle, should always be taken seriously and staff observing any of these warning signs should communicate their concerns with DSL and DDSL/Head Teacher.

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

4.2 Common mental issues

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves to cope with thoughts, feelings or experiences they are not able to manage in any other way.

It most frequently takes the form of cutting, burning, or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Depression

Difficulties are a normal part of life for all of us, but for someone who is suffering from depression these difficulties may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they do not turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide unexpectedly.

Eating problems

Food, weight, and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings, and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

4.3 Managing disclosures

Any member of staff who is concerned about the mental health or wellbeing of a student should:

- Speak to a member of the Safeguarding Team or KS2 SENCO in person. This should then be recorded on CPOMS (our secure safeguarding database) which will then be actioned by a member of the Safeguarding Team.
- Follow the normal child protection procedures if there is a fear that the student is in danger of immediate harm by making an immediate referral to the DSL, or one of the deputies.
- Follow normal procedures for medical emergencies if the student presents a medical emergency, including alerting the first aid staff and contacting the emergency services if necessary.

All disclosures should be reported to a member of the Safeguarding team in person and recorded on CPOMS as soon as possible with the tag 'mental well-being' (a handwritten log should be made if they cannot access CPOMS at that time), ensuring you include the following information:

- 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 Safeguarding Team, who will offer support and advice about next steps. Where a referral to CAMHS is appropriate, this will be led and managed by the Safeguarding lead and KS2 SENCO.

A student 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 and record the disclosure accurately on CPOMS.

If a student 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-judgmental. Staff should listen, rather than advise, and ensure that the student is emotionally and physically safe.

4.4 Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

"She listened, and I mean REALLY listened. She did not interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone, but I knew quite quickly that I had chosen the right person to talk to and that it would be a turning point."

If a student has come to you, it is because they **trust you** and feel a need to share their difficulties with someone. **Let them talk. Ask occasional open questions** if you need to encourage them to keep exploring their feelings and opening to you. Just letting them pour out what they are thinking will make an enormous difference and mark a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Do not talk too much

"Sometimes it is hard to explain what is going on in my head – it does not make a lot of sense and I have gotten used to keeping myself to myself. But just 'cos I am struggling to find the right words does not mean you should help me. Just keep quiet, I will get there in the end."

The student should be talking at least three quarters of the time. If that is not the case, then you need to redress the balance. **You are here to listen, not to talk.** Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, with questions to the student to explore certain topics they have touched on more deeply, or to show that you understand and are supportive. Do not feel an urge to over-analyse the situation or try to offer answers. This all comes later. **For now, your role is simply one of supportive listener.** So, make sure you are listening!

Do not pretend to understand

"All teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open. YOU DON'T – do not even pretend to, it is not helpful, it is insulting."

The concept of mental health difficulties such as an eating disorder or obsessive-compulsive disorder (OCD) can seem completely alien if you have never experienced these difficulties firsthand. **You may find yourself wondering why someone would do these things to themselves, but do not explore those feelings with the sufferer. Instead listen hard to what they are saying and encourage them to talk,** and you will slowly start to understand what steps they might be ready to take to start making some changes.

Do not be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It is **important to try to maintain a natural level of eye contact** (even if you must think ridiculously hard about doing so and it does not feel natural to you at all). If you make too much eye contact, the student may interpret this as you stare at them. They may think that you are horrified about what they are saying or think they are a 'freak.' On the other hand, if you do not make eye contact at all then a student may interpret this

as you are disgusted by them – to the extent that you cannot bring yourself to look at them. Trying to maintain natural eye contact will convey a positive message to the student.

Offer support

“I was worried how she would react, but my Mum just listened then said, ‘How can I support you?’ – No one had asked me that before and it made me realise that she cared. Between us we thought of some practical things she could do to help me stop self-harming.”

Never leave this kind of conversation without agreeing on the next steps. These will be informed by your conversations with appropriate colleagues and the schools’ policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you are working with them to move things forward.

Acknowledge how hard it is to discuss these issues

“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said, ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me.”

It can take a young person week or even months to admit they have a problem to themselves, let alone share that with anyone else. **If a student chooses to confide in you, you should feel proud and privileged** that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are, they chose to speak to you, conveying positive messages of support to the student.

Do not assume that a negative response is a negative

“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just could not say it aloud or else I would have to punish myself.”

Despite a student confiding in you and may have expressed a desire to get on top of their illness, that does not mean they will accept help. The illness may ensure they resist any form of help for as long as they can. **Do not be offended or upset if your offers of help are met with anger, indifference, or insolence, it is the illness talking, not the student.**

Never break your promises

“Whatever you say you will do you have to do or else the trust we have built in you will be smashed to smithereens. And never lie. Just be honest. If you are going to tell someone, just be upfront about it, we can handle that, what we cannot handle is having our trust broken.”

More than anything else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you cannot then you must be honest. Explain that, whilst you cannot keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it to help will know about the situation. You can also be honest about the fact you do not have all the answers or are not exactly sure what will happen next. **Consider yourself the student’s ally** rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

4.5 Confidentiality

We should be honest about 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 student 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. If a student is at risk or is in danger of harm, no promises of confidentiality should be made and a referral to the Safeguarding Team made immediately.

Parents must always be informed when disclosures regarding a student's emotional or mental health and wellbeing are made. Students may request to be supported to tell their parents themselves. If this is the case, the Safeguarding Team will arrange a meeting with both parents and child and remain present during the meeting in the role of mediator. We should always give students the option of us informing parents about 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, the child protection officer must be informed immediately.

4.6 Supporting Peers

When a student is suffering from mental health issues, it can be a challenging 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. 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 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 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.

4.7 Signposting

We will ensure that staff, students, and parents are aware of sources of support within school and in the local community.

We 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 is it aimed at?
- How to access it?
- Why access it?
- What is likely to happen next?

4.8 Working with Parents of pupils experiencing mental health issues

Where it is deemed appropriate to inform 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 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 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 parents 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 are 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 a clear means of contacting us with further questions and consider booking a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with an agreed next step and always keep a brief record of the meeting on CPOMs.

5. Mental Health and school attendance

[Dfe guidance for when mental health affects attendance](#)

The role of school staff is to ensure that the school is a calm, safe, and supportive environment where all pupils want to be and are keen and ready to learn, which is the foundation of securing good attendance.

Pipworth Community Primary School aims to achieve this by promoting children and young people's mental health and wellbeing through a whole-school approach to pupil mental health, and by developing a trusted relationship with parents/carers and families that involves them in the conversation about the school's ethos, and emphasises the importance of supporting mental health and regular attendance.

- ❖ Staff will recognise that there may be attendance challenges where a child has a social, emotional or mental health issue, particularly if there is a severe issue for which the child is receiving clinical treatment.
- ❖ Absences will be recorded as authorised where it is not possible for a pupil to attend due to illness (both physical and/or mental health related) and are receiving support / treatment from professionals.
- ❖ Absences will be recorded as unauthorised when pupils experience normal but difficult emotions that make them nervous about attending school, such as worries about friendships, schoolwork, exams or variable moods.
- ❖ School will communicate this expectation to parents/carers, and work together with them to ensure that such circumstances do not act as a barrier to regular attendance.
- ❖ Staff will not routinely ask for evidence to support non-attendance.
- ❖ Working with the family, school staff will develop a plan to implement reasonable adjustments to alleviate specific barriers to attendance, associated with anxiety about attending school. This plan will take into account the individual circumstances of the child, being mindful of safeguarding responsibilities as set out in the Keeping Children Safe In Education 2022 guidance.
- ❖ The plan should aim to maximise face-to-face attendance as much as possible.
- ❖ Adjustments will be agreed by and regularly reviewed with all parties, including parents/carers.

6. Working with All Parents/Carers

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. To support parents, we will:

- Ensure that all parents are aware of who to talk to, 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 in PSHE and share ideas for extending and exploring this learning at home.

7. Supporting Staff and staff wellbeing

By signing up to the 'The Education Staff Wellbeing Charter' (2021), school leaders and Governors have committed to placing wellbeing and mental health at the heart of our decision making. We will support staff to make positive choices for their own wellbeing and encourage a collegiate culture across and between all roles in the school.

Specifically, we commit to develop a long-term strategy for improving staff wellbeing that will:

Prioritise staff mental health

We will:

1. tackle mental health stigma within the organisation, promoting an open and understanding culture
2. give the same consideration and support to mental health as physical health, including in the management of staff absence
3. fulfil our legal duty to control the risks associated with work-related stress in the education setting as far as is reasonably practicable
4. channel support to individuals whose role is known to have a significant emotional component. This might take the form of peer support, supervision, and/or counselling
5. ensure that staff understand the real benefits that sensitive pastoral support can have, while also recognising where their limits are as non-specialists. We will therefore ensure there are opportunities to increase joint working in support of pupils, as well as routes to refer for specialist support

Give staff the support they need to take responsibility for their own and other people's wellbeing

We will empower staff to take ownership of their own wellbeing and look out for the wellbeing of others. This will include ensuring that all staff are familiar with the different dimensions of wellbeing, including mental health, financial wellbeing, and physical wellbeing. We will ensure that staff know how to access appropriate guidance, support, and tools, and that their use is encouraged throughout the organisation.

Give managers access to the tools and resources they need to support the wellbeing of those they line manage

We will work to provide managers with tools, resources, and training to support their staff. We will not, however, expect managers to provide professional wellbeing support for which they have no professional training, and will ensure that there are clear routes in place to escalate for further support.

Establish a clear communications policy

We will provide clear guidance to all stakeholders (internal and external) on remote and out-of-school hours working, including when it is and is not reasonable to expect staff to respond to queries. This should not necessarily include preventing staff from accessing email at 'unsociable' hours if it suits them personally.

Give staff a voice in decision-making

We will constantly strive to improve the ways in which the voice of staff is included in the decision-making process across the college or school. (This may also include engagement with key stakeholders, such as

recognised trade unions and others.) We will proactively seek to draw on the experience of those with mental health issues and/or discrimination, ensuring that, as per commitment, they can share their experience confidently and safely.

Drive down unnecessary workload

We will work proactively to drive down unnecessary workload, making use of available tools (such as the Workload Reduction Toolkit for schools).

Champion flexible working and diversity

We will work to create a supportive culture around flexible working. We will agree to an approach that not only recognises employees' legal right to request flexible working but acknowledges that for some staff working flexibly can be a key means of protecting and enhancing their personal wellbeing. We will work to promote diversity – eliminating discrimination and advancing equality of opportunity.

Create a good behaviour culture

We will work with staff and pupils to maintain and implement a school-wide behaviour policy. All staff and pupils will have a shared understanding of how good behaviour is encouraged and rewarded, and the sanctions that will be imposed if pupils misbehave. We will support teachers to create calm, safe and disciplined environments, which allow teachers to teach and pupils to learn. Our approach will go together with understanding and supporting pupil mental health issues.

Support staff to progress in their careers

We will ensure that staff can pursue professional development without adversely impacting their own or other people's workload. In schools, we will ensure that any professional development activity is aligned to the Standard for Teachers' Professional Development.

Include a sub-strategy for protecting leader wellbeing and mental health

We will ensure that all those with strategic decision-making responsibility (including as appropriate governors and trustees) should collaborate to develop a sub strategy specifically for protecting leader mental health. This should include access to confidential counselling and/or coaching where needed.

Hold us accountable, including by measuring staff wellbeing

We will measure the wellbeing of staff using recognised tools and metrics and be transparent about results. We will monitor trends over time, and act in response to changes. Further, we will work with staff and relevant stakeholders (this might include parents, recognised trade unions and others) to agree an approach to organisational accountability in our commitments, considering workload.

In recognition that staff are a school's most important asset, we take a proactive, whole school approach to supporting staff wellbeing. We focus on the main 5 areas reported by staff in the Healthy Minds surveys to improve staff wellbeing:

- Better work-life balance
- Reduced workload/more time
- More appreciation
- Better communication
- More support with challenging behaviour

In school there is a clear structure in place should staff feel they need extra support at any time, which includes external support (e.g., counselling, occupational health) when necessary. By promoting positive emotional wellbeing within school with students as described in this policy, staff are leading by example and ensuring that they also put a high priority on their own wellbeing.

When a staff member is suffering from mental health issues, it can be a challenging time for their family, co-workers, and children in their care. Friends, co-workers, and family members often want to support but do not know how. Staff at Pipworth Community Primary School are sign posted to an onsite CAMHS worker who can provide support, guidance, and Supervision, when required. Staff may also access further support through Occupational Health Services, if required.

Staff members are aware that the Well-being Champion and DSL are available to provide signposting for support and guidance.

Staff experiencing menopause symptoms will be supported accordingly, detailed in the Menopause Policy.

8. Training

Regular training and continuous professional development (CPD) on health and wellbeing within school will be provided, including practical sessions to deal with mental, physical, and emotional wellbeing issues, and staff will be given appropriate time and resources to undertake these. This includes recognising the importance of supervision and/or reflective practice to ensure that staff have suitable structured space and time to offload and reflect on their professional roles to emotionally regulate and embed skills and knowledge.

Appropriate policies and procedures relating to risk assessment, staff absence etc. will be adhered to fully support staff. Staff wellbeing within school considers existing pieces of legislation, including the Health and Safety at Work Act (1974) and The Equality Act (2010).

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 training sessions for all staff to promote learning or understanding about specific issues related to mental health.

The MindEd learning portal (www.minded.org.uk) provides free online training suitable for staff wishing to know more about a specific issue.

9. Appendix

9.1 Accessing support, guidance, and advice

- o <https://www.kooth.com/> - Online Counselling Service
 - o [Sheffield ARCArc](#) - Information and Counselling Service
 - o www.interchangesheffield.org.uk - counselling for parents/carers and children
 - o East MAST - school referral to Gateway meeting
 - o [Sheffield Let's talk guide](#)
-
- Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)
 - Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)
 - Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015).
 - PSHE Association. Funded by the Department for Education (2015)
 - Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2018)

- Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)
- Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)
- Future in mind – promoting, protecting, and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental
- Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)
- NICE guidance on social and emotional wellbeing in primary education
- What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children’s Bureau (2015)

Further information and sources of support about common mental health issues

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way.

It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

<https://www.mentallyhealthyschools.org.uk/>

Books

Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety.

London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these

10 thoughts by repeatedly checking switches, perhaps returning home several times to do so.

Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight

Books

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Post Intervention.

New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eatingdifficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) Eating Disorders Pocketbook. Teachers' Pocketbooks

9.2 CAMHS referrals

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

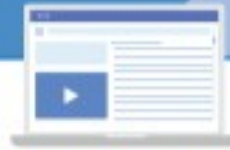
Your wellbeing matters. We have signed up to the Education Staff Wellbeing Charter to:



Prioritise staff mental health



Give staff the support they need to take responsibility for their own and others' wellbeing



Give managers access to the tools and resources they need to support the wellbeing of those they line manage



Establish a clear communications policy



Give staff a voice in decision-making



Drive down unnecessary workload



Champion and enable flexible working



Create a good behaviour culture



Support staff to progress in their careers



Include a sub-strategy for protecting leader wellbeing and mental health



Hold ourselves accountable, including by measuring staff wellbeing

Education Staff Wellbeing Charter
For more information: www.gov.uk/df