

Camrose Primary School with Nursery



Article 3: All organisations which are involved with children should do what is best for the child.

Article 19: All children should be protected from violence, abuse and neglect.

Mental Health and Wellbeing Policy

Status: Non Statutory

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Camrose Primary School Mental Health and Wellbeing Policy

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1. Positive Mental Health and Wellbeing: A Whole School Approach

At the heart of Camrose Primary School are reliable, dedicated staff who are committed to the wellbeing and safety of each other and all pupils. This, we believe, results in exceptional standards of behaviour and the best outcomes for our children.

Camrose Primary School recognises the importance of good mental health and wellbeing in the school community. Through the education of students, teachers and parents, coupled with a willingness to talk openly and normally about mental health issues, the school seeks to promote the early detection and treatment of mental illness and promote emotional wellbeing. Alongside this approach, the school continues to develop strategies which build resilience in our students - both academically and emotionally - to help prevent the onset of mental health problems.

Mental ill-health can take a variety of forms and the school recognises that its role is not to diagnose and treat conditions, but to be alert to the signs of a problem, intervene at the earliest stage and provide support whilst the student or member of staff gains access to appropriate professional help. Specific conditions and guidance are detailed below. Two members of staff are trained in Youth Mental Health First Aid and have further counselling skills. Our Learning Mentor is qualified as a Mental Health Leader and he, alongside the SENCo/Inclusion Lead can refer students to CAMHS and Harrow Horizons. As a school, we can signpost children and families to other specialist services to support their mental health and wellbeing.

Members of staff also have access to professional services through school and are encouraged to take care of their own mental health and wellbeing through seeking informal support and intervention from colleagues or using the confidential services available. The appraisal system has been modified so that emotional health and wellbeing is considered at each stage. Members of staff who approach the Senior Leadership Team can be assured of discreet and sensitive support. When the need arises, the school will support staff who require more specialist treatment or counselling.

2. Responding to concerns:

a) Children

The school has a multi-layered pastoral structure including a BACP registered therapist, a pastoral specialist an Attendance Officer, Teachers and Teaching Assistants, a SENCo, Leaders of Learning, a Deputy Head and the Head Teacher. The school has an open door policy to any concerns and the wealth of staff available enables students and families to find the person with whom they are most comfortable. All staff (including support staff) know how to seek further support for others through annual safeguarding training. While there are two joint safeguarding leads, all members of the Senior Leadership Team are trained to Level 3. Students are given guidance about looking after their mental health through informal contact with staff, assemblies, class-based circle times and PHSE lessons which are modelled on the Jigsaw curriculum. This approach compliments our cultural commitment towards positive mental health and emotional wellbeing with its emphasis on emotional literacy, mental health, SMSC, British Values and spiritual development.

In addition to this, we run Wellbeing Groups in school. Staff can refer children to these groups through formal and informal means, for example, through provision mapping meetings, raising a concern through MyConcern, through structured conversations with a parent or through discussions with the Therapist and class teacher.

All staff have a role in the pastoral care of students and are encouraged to be proactive in their approach, reporting concerns they have about a child, however minor they may be. Likewise, parents are also encouraged to talk to the school as soon as they have concerns.

Camrose – Therapeutic Pathway

Concerns raised	
Internal:	External:
<ul style="list-style-type: none"> ○ Members of staff report initial pastoral and behavioural concerns about behaviour – including emotional and social – on MyConcern. ○ Child disclosures logged on MyConcern. ○ Disadvantaged pupils flagged through HT analysis and added to MyConcern. ○ Concerns identified through staff meetings with SENDCo and added to MyConcern. 	<ul style="list-style-type: none"> ● School receives information from external agency that gives cause for concern. Eg. Previous school, Children’s Services, GP. ● Parent/Carer disclosure / meeting. ● All external concerns logged on MyConcern.
<ul style="list-style-type: none"> ○ Pastoral team and SLT alerted to all concerns. ○ All concerns logged so that trends can be spotted and considered in terms of status (high/low) / significance. ○ Repeated behaviours continue to be logged. ○ Inclusion team considers ways forward: <ul style="list-style-type: none"> ▪ External referral to specialist agency ▪ Internal referral with support provided in school. ▪ Monitoring. ○ Class teacher/SENDCo/Pastoral/SLT member meets with parents and child to discuss concerns and ways forward. 	

Internal	External
<ul style="list-style-type: none"> ● If appropriate, risk assessments and Behaviour Improvement Plans implemented. Targets set and monitored. ● Referral to JC for 1:1 counselling in schools made. ● Referral to JC/PS for pastoral support (non 1:1). 	<ul style="list-style-type: none"> ● Appropriate agency /pathway identified and parents are either signposted or school makes direct referral. Eg. Referral to MASH, GP/Paediatrics, EP, SALT. ● Parents supported through the process as appropriate.

1:1 Therapeutic pathway
<ul style="list-style-type: none"> ● Significant event / pattern identified – eg. Consistent negative behaviour / anxiety / past trauma / current or previous CLA, CP, CIN.
<ul style="list-style-type: none"> ● Meeting with parents / child – therapeutic approach offered and consent obtained.
<ul style="list-style-type: none"> ● Parents offered 1:1 support or signposted to relevant external support.
<ul style="list-style-type: none"> ● Assessment and formulation: JC meets with parents to discuss systemic contributing factors; child takes PASS profile – SEE BELOW
<ul style="list-style-type: none"> ● Bespoke therapeutic relationship offered with defined timescales: 1 x 50 minute session per week for an initial 10 week period.
<ul style="list-style-type: none"> ● Review takes place after week 7 – PASS profile to be retaken.
<ul style="list-style-type: none"> ● Therapy either concludes at the end of week 10 or is extended for stated period.
<ul style="list-style-type: none"> ● If extended, this will be monitored on a termly basis and will be agreed with child, parent, class teacher and SENDCo.
<ul style="list-style-type: none"> ● At the end of the work, the PASS profile will be retaken to show impact. Child will

continue to be monitored and further support will be given as appropriate.

Group pathway
<ul style="list-style-type: none">• Significant event / pattern identified – eg. Problematic group dynamics / escalating or persistent issues.
<ul style="list-style-type: none">• Bespoke plan put into place – part therapeutic, part knowledge, part practical. This can cover behaviour and mental health issues. Eg. Anxiety.
<ul style="list-style-type: none">• Parents informed
<ul style="list-style-type: none">• Groups to run for half a term.
<ul style="list-style-type: none">• Monitoring to take place.

PASS (Pupil's Attitudes to Self and School) gives a benchmark as to how the child scores over several crucial factors:

- Feelings about school: the students' sense of wellbeing, safety and comfort in school.
- Perceived learning capability: the students' views of how positive and successful they feel in their specific capabilities as learners.
- Self-regard as a learner: the impact of learning on their self-concept.
- Preparedness for learning: the perceptions of their behaviour and attitude in learning situations.
- Attitudes towards teachers: students' perceptions of their relationships with adults in school.
- General work ethic: students' attitudes and responses to work in general.
- Confidence in learning: looking at students' confidence in approaching and dealing with learning and perseverance when presented with challenging tasks and includes associated feelings such as 'high' anxiety element.
- Attitudes to attendance: looking at student's attitudes towards attendance and punctuality.
- Response to curriculum demands: measuring students' perceptions of the appropriateness of the level of difficulty of work they are asked to do.

The PASS profile will be run twice. Firstly to gauge the level of need within the child and to see whether or not a wellbeing group is appropriate for them. If so, they will complete the PASS profile again at the end of the group to measure the impact of the intervention. The information can also help authenticate a referral to a more specialist service, such as CAMHS, Harrow Horizons or the Education Psychology Service.

The programme helps children to develop social skills and resilience and has been recognised by the World Health Organisation as an effective means to prevent anxiety for children at a primary level. It is proven to give children the skills to rise to life's challenges and make the most of setbacks and adversity. It also improves participants' social and emotional skills, ability to focus, confidence and the capacity to relax and regulate emotions.

b) Members of staff

Open door policy: Staff who are concerned about colleagues or about their own emotional wellbeing are encouraged to speak to the Head Teacher, a member of the SLT or other trusted colleague to seek advice and support. The proactive approach we encourage with regard to students extends to all staff and there is flexibility of support available to help with workload, time off for appointments and other forms of intervention in line with the local authority policy.

Employee assistance policy: All members of staff have access to a 24 hour, confidential benefits programme that offers support, information and advice with regards to the following:

Family issues:

- Caring for relatives
- Disputes
- Parenting
- Relationships

Managing money:

- Budgeting
- Financial planning
- Debt advice and management

Personal issues:

- Divorce / separation
- Relocation
- Caring for family
- Mental health and counselling

Responsibility at work:

- Promotion and training.
- Managing change
- Returning to work

In order to access these benefits, staff can either call the Livewell service free on **0800 141 2784** or visit the online portal: **livewell.optum.com** (access code: **lbharrow**)

c) Parents

We believe in a whole school approach to mental health and wellbeing and that includes offering appropriate support to parents. If holistic support is given to families then the outcomes are better for the children.

Parents who want to discuss their mental health and emotional wellbeing needs are invited to contact the Learning Mentor who will be able to signpost to relevant specialist services. Please see the appendix for a list of institutions offering support.

3. Mental ill-health:

When responding to concerns about mental ill-health (in students or colleagues) all staff are encouraged to follow the MHFA principles:

ALGEE:

- **ASK**
- **ASSESS, ACT**
- **LISTEN NON-JUDGMENTALLY**
- **GIVE REASSURANCE AND INFORMATION**
- **ENABLE THE YOUNG PERSON TO GET APPROPRIATE PROFESSIONAL HELP**
- **ENCOURAGE SELF-HELP STRATEGIES**

SELF-HARM:

Self-harm is a behaviour and not an illness. The school recognises that students self-harm to cope with emotional distress or to communicate that they are distressed. There are a number of reasons for self-harming and it is important to remember that self-harm is perceived as a relief from distress so the reasons for repeated self-harm may be different at different times. Some students may repeatedly injure themselves to escape from painful feelings such as hopelessness or inadequacy and the school recognises that a high pressure academic environment may heighten these feelings.

Self-harm can reduce tension and help mood control, therefore it can be habit-forming. In addition, it is very difficult for students to talk about, because they often feel ashamed, embarrassed and confused. If a student discloses, or the school suspects, that they are self-harming, within the MHFA principles the school will give suggestions for seeking professional support to find less destructive ways to cope. These may include appointments with the School Nurses, School Medical Officer or Counsellors. External agencies such as the student's GP, Streetwise and online support from sites such as MINDFULL www.mindfull.org.uk and HARMLESS www.harmless.org.uk may also be suggested.

In the medium and long term the school will work with the student to help them develop coping strategies and to discuss their self-harm so that they feel able to talk about past or current episodes.

DEPRESSION:

It is not uncommon for young people to suffer from the blues or short-term low mood. Students are encouraged to share how they are feeling with family, friends and teachers so that they can gain some support and any particular areas of anxiety can be addressed. Clinical depression is something different; it lasts for at least two weeks and affects behaviour. It also has physical, emotional and cognitive effects which will therefore impact on a student's ability to study or engage in many aspects of school life. It is a common but serious illness affecting approximately 5% of teenagers. Signs and symptoms may vary but quite often include: mood-swings, helplessness, hopelessness, lack of emotional responsiveness, frequent self-criticism, self-blame, impaired concentration, withdrawal from others, loss of interest in personal appearance, risk-taking behaviours, chronic fatigue, disrupted sleeping and eating patterns, unexplained aches and pains and school-refusal. Quite often it may be the school or parents who first consider the possibility that a student may be suffering from depression. The school can offer counselling as a step towards treatment, but would always advise students and their families to seek professional help through their doctor by making sure they tell their GP that they think they are suffering from depression.

ANXIETY:

Anxiety is a natural part of the human condition. Everybody experiences anxiety from time to time and, indeed, low levels of anxiety can actually help students to perform better and motivate them to solve everyday problems. An anxiety disorder differs from these manageable levels of anxiety when it is more severe, long-lasting and interferes with school, work and relationships. Adolescents are particularly prone to anxiety and this can manifest itself in a number of ways in school and at home: in physical symptoms (such as aches and pains) or psychological symptoms (poor concentration, school-refusal and sleep-disturbance as well as more noticeable signs (e.g. panic attacks, phobias, separation anxiety, OCD). Anxiety disorders can be caused by a variety of factors including past trauma, bereavement, physical illness, high expectations from others, avoidance, street drugs and some prescribed drugs. If a person is already depressed or has a history of depression or low mood, heightened anxiety will increase the risk of self-harm or suicide and they should seek help from professionals such as a counsellor or seek support via a GP.

SUICIDAL THOUGHTS:

Suicidal behaviour exists along a continuum from thinking about taking one's life, to developing a plan, to non-fatal suicidal behaviour, to ending one's life. Evidence suggests that a complex range of factors and individual vulnerabilities, rather than one single factor, lead to a young person attempting or committing suicide. Therefore promotion of resilience in school, early detection of mental health problems and an awareness of past or current traumatic events, including a period of physical ill-health, may help the school and family to offer support to a potentially vulnerable student. Many of the warning signs are similar to those of depression including feelings of hopelessness, anger and guilt, thoughts of not being able to cope and no-one can help, physical signs such as lack of interest in appearance and appetite, behavioural signs such as withdrawal from family, friends and school, abuse of drugs/alcohol, self-harm, impulsivity, giving possessions away and secrecy. If a student appears to be at risk of suicide, the school will act within the YMHFA guidelines and ask some direct questions to understand the degree of intent in order to gauge the appropriate level of professional support needed. If it is not safe to leave a student alone then the school will use its counsellors and medical staff as an immediate source of advice and will ensure the student is supervised until help can be sought. If a student is judged to be in immediate danger, the school will call 999.

CREATING A SUPPORTIVE ENVIRONMENT – THE TEAM AROUND THE CHILD

Sometimes a student will have a long-term mental health condition or circumstances which undermine wellbeing and make periods of mental ill-health more likely. In these circumstances the school will coordinate an approach which gives consistent support to the student to enable them to participate in all aspects of school life whilst accessing any further help they may need. This is likely to include teachers, Teaching Assistants, the Learning Mentor and Senior Leaders. Provision will be made where possible to facilitate counsellors on site at school.

When a student's mental health suddenly deteriorates, the school endeavours to provide a safe place in which to talk about how they are feeling, the best means of support as the next step and then to provide well informed and sympathetic guidance to students and their families as they seek help to live with and recover from their illness. We believe that having an open and honest approach to mental illness goes a long way to achieving just this kind of environment.

Appendix:

SIGNPOSTING DIRECTORY

***If you have any concerns for a child's welfare, call the Harrow Golden Number on 020 8901 2690, option 4.**

***If you have concerns for the immediate safety of a child, call the police on 999.**

Addiction

Children of Addicted Parents and People (COAP)	Website only
National Association for Children of Alcoholics	0800 358 3456
Young People and Gambling	0808 8020 133

Bereavement

Child Bereavement Network	Website only
Child Death Helpline	0800 282 986
Childhood Bereavement Network	020 7843 6309
Cruse Bereavement Care	0808 808 1677
Grief Encounter	Website only
Hope Again	0808 808 1677
Winston's Wish	08088 020 021

Bullying

Bullying UK	Website only
Ditch The Label	Website only

Cancer

Macmillan Cancer Support	0808 808 00 00
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Children of Prisoners

National Information Centre on Children of Offenders	Website only
National Prisoners' Families Helpline	0808 808 2003

Children's Charities

Childline	0800 1111
Children's Society	Website only
NSPCC	0808 800 5000

Counselling

British Association for Counselling and Psychotherapy	Website only
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Crime

Crime Stoppers	0800 555 111
National Domestic Violence Helpline	0808 2000 247

Drugs

Talk to Frank	Website only
Faith	
Muslim Youth Helpline	0808 808 2008
FGM Africans Unite Against Child Abuse	Website only
Daughters of Eve	Website only
Forward UK	0208 960 4000
NSPCC FGM Helpline	0800 028 3550
Forced Marriage	
Karma Nirvana	0800 5999 247
Housing	
Shelter	0808 800 4444
LGBT	
Stonewall	0207 593 1850
Looked After Young People	
Coram Voice	0808 800 5792
The Care Advice Line	020 7017 8901
Mental Health	
Anna Freud National Centre for Children & Families	Website only
Anxiety UK	03444 775 774
B-eat eating disorders	0808 801 0711
Bipolar UK	0333 323 3880
CALM (Campaign Against Living Miserably)	0800 58 58 58
OCD Action	0845 390 6232
Papyrus (Suicide support)	Website only
Samaritans	116 123
Sane	0300 304 7000
Selfharm UK	Website only
Young Minds Parents Helpline	0808 802 554
Online Safety	
Child Exploitation Online Protection Centre	Website only
National Professionals Online Safety Helpline	0344 381 4772
Parent Support	
Parent Line Plus	0808 800 2222
Sexual Abuse	
MOSAC (Mothers of Sexually Abused Children)	0800 980 1958
Stop It Now	0808 1000 900
The Lucy Faithfull Foundation	01527 591922
Whistleblowing	
NSPCC Whistleblowing Helpline	0800 028 0285

