



Vernon Primary School

Mental Health & Emotional Wellbeing Policy

'Nobody Else is Quite Like Me'

Definition of Mental Health

We use the World Health Organisation's definition of mental health and wellbeing;

“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.
- have a sense of belonging and feel safe.
- feel able to talk openly with trusted adults about their problems without feeling any stigma.

Why Mental Health is important?

At Vernon Primary School, we aim to promote positive mental health for our whole school community (pupils, staff, parents and families). We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. We recognise how important mental health and emotional wellbeing 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 wellbeing and can affect their learning and achievement.

In addition to promoting emotional resilience and positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy should be read in conjunction with our Safeguarding and Child Protection policy, Medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need. This policy also links to our policies on Anti-Bullying, and Equality. Links with the School's Behaviour Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

The Policy Aims to:

- Support and develop emotional resilience and wellbeing in pupils
- Promote positive mental health in all pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues

- Provide support to pupils suffering mental ill health and their peers and parents or carers
- Signpost where parents and children can get further advice and support

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also 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.

A Whole School Approach to Promoting Positive Mental Health

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, which everyone can understand.
2. Helping children to develop social relationships, 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.

Lead Members of Staff

Whilst all staff have a responsibility to promote the emotional resilience, wellbeing and positive mental health of pupils, staff with a specific, relevant remit include:

- Mrs Jo Carvell - Designated Safeguarding Lead
- Mrs Kerry Walmsley - Designated Safeguarding Lead/Pastoral Manager. Our Mental Health Lead is a qualified 'Mental Health First Aider'.
- Mrs Sarah Kiely - Deputy Safeguarding Lead & SENDCO
- Mrs Penny Brammar - Lead of PSHE
- Mrs Donna Davenport - Lead Governor for Mental Health & a Mental Health First Aider.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Pastoral Manager in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding and child protection procedures should be followed with an immediate referral to the designated safeguarding lead or the head teacher. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the SENDCO, the Designated Safeguarding Lead or Pastoral Manager.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs and their families.

Sources of relevant support within school include:

- Our own Senior Leadership Team
- Our Safeguarding & Child Protection Leads
- Our Phase Leaders
- School support staff employed to manage mental health needs of particular children
- Our SENDCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including children whose mental health problems mean they need special educational provision.
- The Pastoral Manager who provides 1:1 therapy sessions and group work to children who are referred by teachers/parents & carers, to manage mental health needs.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the Pastoral Manager and Safeguarding Leads.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- 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

All staff at Vernon Primary School have had training on the protective and risk factors ([see Appendix 1](#)), types of mental health needs ([see Appendix 2](#)) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the Pastoral Manager or the SENDCO.

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Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm then the School's child protection procedures are followed. If there is a medical emergency then the School's procedures for medical emergencies are followed. It is important to note that any change in the usual behaviour or presentation of a pupil may indicate poor mental health and this should be considered as a possible explanation.

Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy (see [Appendix 1 on risk and protective factors](#)).

Supporting Children's Positive Mental Health

We believe the School has a key role in promoting children's positive mental health and helping to prevent mental health problems. Our School has developed a range of strategies and approaches including:

Pupil-led activities

- Campaigns and assemblies to raise awareness of mental health.
- Wellbeing Team – Every year we train up a group of children as our Wellbeing Team who lead on whole school campaigns on health and wellbeing. They provide a pupil voice for wellbeing initiatives across school.
- We seek pupil's views about our approach, curriculum and in promoting whole school mental health activities.

Transition programmes

- Transition Programme to secondary schools which includes all Year 6 children having a staff mentor to support a smooth transition to secondary school.

Class activities

- Praise certificates where children can be praised for certain duties, tasks or things they have done and have them celebrated in class.
- Worry boxes - where children can anonymously share worries or concerns in class.
- Circle times.

Whole school

- Children's Mental Health Week – whole school focus on doing things which make us feel good.

- Displays and information around the School about positive mental health and where to go for help and support.

Small group activities

- Cool Connections – a small group intervention to improve children’s communication skills around turn taking, dealing with issues, resolving conflict.
- We always seek feedback from children who have had support to help improve that support and the services they received.

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE Curriculum. We will follow the [PSHE Association Guidance https://www.pshe-association.org.uk/](https://www.pshe-association.org.uk/) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Key Stage 1 children learn:

- about different feelings that humans can experience
- how to recognise and name different feelings
- how feelings can affect people’s bodies and how they behave
- how to recognise what others might be feeling
- to recognise that not everyone feels the same at the same time, or feels the same about the same things
- about ways of sharing feelings; a range of words to describe feelings
- about things that help people feel good (e.g. playing outside, doing things they enjoy, spending time with family, getting enough sleep)
- different things they can do to manage big feelings, to help calm themselves down and/or change their mood when they don’t feel good
- to recognise when they need help with feelings; that it is important to ask for help with feelings; and how to ask for it
- about change and loss (including death); to identify feelings associated with this; to recognise what helps people to feel better

Key Stage 2 children learn:

- that mental health, just like physical health, is part of daily life; the importance of taking care of mental health
- about strategies and behaviours that support mental health – including how good quality sleep, physical exercise/time outdoors, being involved in community groups, doing things for others, clubs, and activities, hobbies and spending time with family and friends can support mental health and wellbeing
- to recognise that feelings can change over time and range in intensity
- about everyday things that affect feelings and the importance of expressing feelings
- a varied vocabulary to use when talking about feelings; about how to express feelings in different ways
- strategies to respond to feelings, including intense or conflicting feelings; how to manage and respond to feelings appropriately and proportionately in different situations
- to recognise warning signs about mental health and wellbeing and how to seek support for themselves and others

- to recognise that anyone can experience mental ill health; that most difficulties can be resolved with help and support; and that it is important to discuss feelings with a trusted adult
- about change and loss, including death, and how these can affect feelings; ways of expressing and managing grief and bereavement
- problem-solving strategies for dealing with emotions, challenges and change, including transition to new schools

Supporting Children with Mental Health Needs

Our approach:

- Provide a safe environment to enable children to express themselves and be listened to.
- Ensure the welfare and safety of children are paramount.
- Identify appropriate support for children based on their needs.
- Involve parents and carers when their child needs support.
- Involve children in the care and support they have.
- Monitor, review and evaluate the support with children and keep parents and carers updated.

Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- Analysing behaviour, exclusions, attendance and sanctions.
- Using Leuven scales to identify children in EYFS who need support. ([see Appendix 4](#))
- Staff report concerns about individual children to the relevant lead persons.
- Worry boxes in classrooms for children to raise concerns which are checked by the class teachers.
- Pupil Progress Review meetings termly.
- Regular meetings for staff to raise concerns.
- Gathering information from a previous school at transfer.
- Parental meetings.
- Enabling children to raise concerns to any member of staff.
- Enabling parents and carers to raise concerns to any member of staff.

Managing disclosures

A pupil 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 pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded using CPOMS and held on the pupil's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made

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- Main points from the conversation
- Agreed next steps

This information should be shared with the Designated Safeguarding Lead and Pastoral Manager, who will store the record appropriately and offer support and advice about next steps.

Confidentiality

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

- 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 pupil 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; in line with our safeguarding and child protection policy and where there is a risk of harm to the pupil themselves or others.

It is always advisable to share disclosures with the Designated Safeguarding Lead and Pastoral Manager.

This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if there is considered to be a risk to the young person or others, in line with usual safeguarding procedures. Pupils may choose to tell their parents themselves. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying safeguarding or child protection issues, the Designated Safeguarding Lead, must be informed immediately.

Working with Parents

When working with parents, we need to be sensitive in our approach. Before talking 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 pupil, 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 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.

Working with All Parents

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 go about 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 through our regular School Spider updates
- Keep parents informed about the mental health topics their children are learning about in the PSHE curriculum

We make every effort to support parents and carers to access services where appropriate. Our primary concern is the children, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

Assessment, Interventions and Support

All concerns are reported to the Pastoral Manager and recorded. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need, either from within the School or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

Need The level of need is based on discussions at regular supervision meetings with key members of staff and involves parents and children.	Evidence-based Intervention and Support -the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children. <i>For example</i>	Monitoring
Highest need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies Other External agency support e.g. Cheshire East Autism Team, Virtual School, Post Adoption Support Agency Targeted support linked to Pupil Premium funding.	All children needing targeted individualised support will have a Wellbeing Plan drawn up setting out: <ul style="list-style-type: none"> •The needs of the children •How the pupil will be supported •Actions to provide that support •Any special requirements

	<p>If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND Policy.</p> <p>This is in line with the Emotionally Healthy Schools Agenda in Cheshire East.</p>	<p>Children and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact.</p> <p>Half termly supervision with SLT.</p> <p>Information about Cared4 children will be shared with the Virtual School team and will be recorded on their PEP.</p> <p>Use of the Boxall Profile, Strengths & Difficulties Questionnaire SDQ to track and assess.</p>
Some need	<p>Access to Pastoral Manager - Programmes of support for individual and groups of pupils addressing their emotional, social, behavioural and cognitive needs.</p> <p>Family Service Worker, school nurse, educational psychologist, 1:1 intervention, small group intervention e.g. Cool Connections, circle times.</p>	<p>Pastoral manager to liaise and review with parents, outside agencies & class teachers to ascertain the best route to access help and support based on the child's individual circumstances and need.</p> <p>A child's Wellbeing Plan is overseen by the Pastoral Manager.</p>
Low need	<p>General support E.g. School Nurse drop in, class teacher/TA observation and monitoring.</p>	

Working with Specialist Services to get the Right Support and Treatment

In some cases a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders.

We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the children's Wellbeing Plan.

School referrals to a specialist service will be made by the Pastoral Manager or the SENDCO following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the pupil and parent/carer and when it is the most appropriate support for the pupil's specific needs.

Main Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral.
Educational Psychologist	Accessed through the Pastoral Manager or SENDCO
CEAT Cheshire East Autism Team	Accessed through the SENDCO

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Appendix I Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2018)

	Risk Factors	Protective Factors
In the Child	<p>Genetic influences</p> <ul style="list-style-type: none"> • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	<p>Overt parental conflict including domestic violence</p> <ul style="list-style-type: none"> • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<p>At least one good parent-child relationship (or one supportive adult)</p> <ul style="list-style-type: none"> • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the School	<p>Bullying</p> <ul style="list-style-type: none"> • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships 	<p>Clear policies on behaviour and bullying</p> <ul style="list-style-type: none"> • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the Community	<p>Socio-economic disadvantage</p> <ul style="list-style-type: none"> • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<p>Wider supportive network</p> <ul style="list-style-type: none"> • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

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Appendix 2 Specific mental health needs most commonly seen in school-aged children

For information see Mental Health and Behaviour in School DfE Nov 2018

www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Appendix 3 Where to get Information and Support

Local Support



In Cheshire East there are specific resources to support the emotional health and well-being of Children. The Emotionally Healthy Children and Young People's Link Team consultation offer has been reviewed details can be found below:

<https://www.mymind.org.uk/services-and-contacts/emotionally-healthy-children-and-young-people/>

Live Well: a directory of support and advice where you'll find useful information and advice on a range of subjects, and an easy to use directory of services & activities in Cheshire East.

www.cheshireeast.gov.uk/livewell/livewell.aspx

My Mind: is an NHS website, run by CWP CAMHS. This site has been developed for everyone interested in the mental health and well-being of young people. www.mymind.org.uk

Visyon: a charity supporting the emotional health of children, young people and their families.

www.visyon.org.uk

You in Mind: a directory of support for mental health issues, in the local area.

www.youinmind.org

National Support

Mental health apps - NHS (www.nhs.uk) Apps recommended by the NHS for a range of issues.

www.childline.org.uk helpline - online, on the phone, anytime

www.nspcc.org.uk is the UK's leading children's charity, preventing abuse and helping those affected to recover.

giveusashout.org/ Shout 85258 is a free, confidential, 24/7 text messaging support service for anyone who is struggling to cope.

www.themix.org.uk/ free information and support for under 25s in the UK. Get advice about sex, relationships, drugs, mental health, money & jobs.

www.Kooth.com an online counselling and emotional well-being platform for young people.

www.samaritans.org Samaritans: a safe place for you to talk any time you like, in your own way – about whatever's getting to you. You don't have to be suicidal. Whatever you're going through, call us free any time, from any phone on 116 123.

www.theproudtrust.org Proud Trust: is a life-saving and life enhancing organisation that helps young LGBT+ people empower themselves.

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riseabove.org.uk a website co-created and produced by young people to build resilience and support good mental health in young people aged 10-16 years.
www.healios.org.uk Think Ninja App – designed to educate 10-18 year olds about mental health & emotional wellbeing.
www.youngminds.org.uk champions young people’s mental health and wellbeing
www.mind.org.uk advice and support on mental health problems
www.minded.org.uk a learning portal providing free online training for staff wishing to know more about a specific issue (e-learning).
www.time-to-change.org.uk tackles the stigma of mental health
www.rethink.org challenges attitudes towards mental health

For support on specific mental health needs

Anxiety UK www.anxietyuk.org.uk

OCD UK www.ocduk.org

Depression Alliance www.depressoinalliance.org

www.cwmt.org.uk *Charlie Waller Memorial Trust*: a good source of information about anxiety and depression.

Eating Disorders www.b-eat.co.uk and www.inourhands.com

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

Suicidal thoughts Prevention of young suicide UK – POPYRUS: www.papyrus-uk.org

Appendix 4 The Leuven Well-being and Involvement Scales

The Leuven Scale for Well-being

Level	Well-being	Signals
1	Extremely low	The child clearly shows signs of discomfort such as crying or screaming. They may look dejected, sad, frightened or angry. The child does not respond to the environment, avoids contact and is withdrawn. The child may behave aggressively, hurting him/ herself or others.
2	Low	The posture, facial expression and actions indicate that the child does not feel at ease. However, the signals are less explicit than under level 1 or the sense of discomfort is not expressed the whole time.
3	Moderate	The child has a neutral posture. Facial expression and posture show little or no emotion. There are no signs indicating sadness or pleasure, comfort or discomfort.
4	High	The child shows obvious signs of satisfaction (as listed under level 5). However, these signals are not constantly present with the same intensity.
5	Extremely high	The child looks happy and cheerful, smiles, cries out with pleasure. They may be lively and full of energy. Actions can be spontaneous and expressive. The child may talk to him/herself, play with sounds, hum, sing. The child appears relaxed and does not show any signs of stress or tension. He/she is open and accessible to the environment. The child expressed self-confidence and self-assurance.

The Leuven Scale for Involvement

Level	Well-being	Signals
1	Extremely low	Activity is simple, repetitive and passive. The child seems absent and displays no energy. They may stare into space or look around to see what others are doing.
2	Low	Frequently interrupted activity. The child will be engaged in the activity for some of the time they are observed, but there will be moments of non-activity when they will stare into space, or be distracted by what is going on around.
3	Moderate	Mainly continuous activity. The child is busy with the activity but at a fairly routine level and there are few signs of real involvement. They make some progress with what they are doing but don't show much energy and concentration and can be easily distracted.
4	High	Continuous activity with intense moments. They child's activity has intense moments and at all times they seem involved. They are not easily distracted.
5	Extremely high	The child shows continuous and intense activity revealing the greatest involvement. They are concentrated, creative, energetic and persistent throughout nearly all the observed period.