



# Heathfield Primary School

## Positive Mental Health Policy

***Our Mission Statement:  
Learning together, Learning for Life***

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<b>Date approved by governors</b>	October 2021
<b>Date of next review</b>	October 2022
<b>Committee Responsible</b>	Learning Challenge

## INTRODUCTION

At Heathfield, our curriculum lays out the way we teach our children to achieve our mission statement;  
***Learning together, learning for life.***

The curriculum consists of all the planned activities and routines that we organise in order to promote learning, confidence and self-esteem. It includes not only the formal requirements of the National Curriculum, but also the range of extra-curricular activities that the school organises in order to enrich the experience of the children. The children at Heathfield are provided with a an inter connected curriculum that promotes meaningful connections between concepts and knowledge (**Heathfield Head**), develops genuine and robust character traits to prepare children for life in the modern world (**Heathfield Heart**) and opportunities for children to use and apply their Head and Heart to answer learning questions (**Heathfield Hands**) resulting in knowledgeable, physically and mentally healthy children that achieve their potential and have a solid foundation to become life-long learners.



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 Organization)

At Heathfield, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

We know we are 'first class' at supporting children with social emotional and mental health needs, but there is always more we can do. This policy helps aid consistency of approach and equality of provision for our pupils.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By the age of fourteen, a half of all mental health problems are established in a person.

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.

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff and governors. This policy should be read in conjunction with our 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.

The Policy Aims to:

- Promote positive mental health in all staff and 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, their peers and parents/carers

### **Key Members of Staff for mental health and inclusion**

Whilst all staff have a responsibility to promote the mental health of pupils. Staff with a specific, relevant remit include:

- Mark Thornley, Komal Asani, Corinne Wilkinson, Helen Abernethy, Faye Renton - designated child protection / safeguarding officer
- Faye Renton - mental health champion
- Corinne Wilkinson – Inclusion and pastoral lead
- Corinne Wilkinson – Designated teacher for looked after children
- Corinne Wilkinson - SENCO
- Faye Renton – Nurture Lead
- Yvonne Vogel – Mental Health first aider

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a member of the lead team in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding leads. 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 Inclusion team and the HT.

### **Mental Health Champion**

All staff should be mental health champions, but it is important for the staff to have a named person to maintain the importance of mental health issues and to champion their interest. This role is to champion mental health for the school community, not to be directly responsible for it. The role will include promotion of well-being materials; being a 'listening ear'; acting as a signpost for other services or professionals; relaying ideas and information to senior staff that could further improve wellbeing in school; having oversight of school improvement plans to ensure that mental health promotion has a key place; help to reduce barriers to mental health in school by promoting positive language in relation to mental health.

The named Mental Health Champion at Heathfield is Faye Renton.

### **Individual Care Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals.

This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Advice for staff on managing any associated behaviours
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

### **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 progressive PSHE curriculum. At Heathfield we use Jigsaw PSHE.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will also use guidance and resources from Heads Together; Mentally Healthy Schools website <https://www.mentallyhealthyschools.org.uk/> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Resources such as Anna Freud Centre's campaign 'You're Never Too Young to Talk Mental Health' are useful for assemblies, Y5/6 debate and PSHE lessons.

<https://www.annafreud.org/what-we-do/schools-in-mind/youre-never-too-young-to-talkmental-health/>

### **Signposting**

We ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it.

We will display relevant sources of support in communal areas and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

## **Warning Signs**

School staff may become aware of warning signs which indicate a pupil, or a parent/carer 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 a member of our Inclusion Team, designated safeguarding lead, or our mental health and emotional wellbeing champion.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Avoiding PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause

## **Managing disclosures**

A pupil or parent 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 or parent 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?' For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded on CPOMS. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with SLT and the Learning Mentor. The person who brings the disclosure to the HT or senior member of staff, also has the right to know the outcome for the pupil, or parent (where appropriate). This may just be an assurance that help was sought, or that the child is now receiving some support in school.

## **Confidentiality**

We should be honest with regards 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.

It is always advisable to share disclosures with a designated safeguarding lead, 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 a child is self-harming, talking of self-harm, saying they are being bullied, bullying others, or expressing low mood. 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 child protection issues, parents should not be informed, but a designated safeguarding lead should be informed immediately.

## **Working with Parents**

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 pupil, 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 step and always keep a brief record of the meeting on CPOMS.

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 get 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 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

Sources of support for children in Bolton with mental health needs, outside of school professionals, can be found on the website below:

<https://www.bekindtomymind.co.uk/who-can-you-speak-to/>

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support.

Support will be provided either in one to one or group settings and will be guided by conversations by the pupil 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
- Training in Peer Support (e.g. Anna Freud Centre resources and training)

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.

Some good websites for staff who wish to learn more about mental health are:

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

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

<https://www.annafreud.org/training/>

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

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/emotional-wellbeing-of-children-in-care/>

<https://www.adoptionuk.org/campaigns>

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

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.

### **Appendix:**

Talking to students when they make mental health disclosures (Adopted from Charlie Waller Memorial Trust, aimed at students and young people, but useful insights for talking with parents and pupils)

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 didn’t 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’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s 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 in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

#### Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s 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, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to overanalyse 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’re listening!

#### Don’t pretend to understand



“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don’t 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’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring 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 don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

“I was worried how she’d 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 really practical things she could do to help me stop self-harming.”

Never leave this kind of conversation without agreeing 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’re 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 weeks or even months to admit to themselves they have a problem, 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, conveys positive messages of support to the student.

Don’t assume that an apparently negative response is actually a negative response

“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 couldn’t say it out loud or else I’d have to punish myself.”

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn’t mean they’ll readily accept help.

The illness may ensure they resist any form of help for as long as they possibly can.

Don’t be offended or upset if your offers of help are met with anger, indifference or insolence; it’s the illness talking, not the student.

## Never break your promises

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

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t 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 in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t 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.