

# **Keir Hardie Primary School**



## **Mental Health and Well-Being Policy**

<b>Reviewed:</b>	<b>Spring 2023</b>
<b>Date of Next Review:</b>	<b>Spring 2026</b>

## **Mental Health and Well-Being Policy**

**This policy was reviewed by the co-ordinator**

**Print Name .....**

**Signature .....**

**Date .....**

**This policy was reviewed by the Head Teacher**

**Print Name .....**

**Signature .....**

**Date .....**

**This policy was reviewed and agreed by the Chair of Governors**

**Print Name .....**

**Signature .....**

**Date .....**

## **MENTAL HEALTH AND WELL- BEING POLICY**

### **Introduction**

*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)*

This document describes the school's approach to promoting positive mental health, Behaviour, Safeguarding, Inclusion and SEN Policies.

### **Our Aims**

- To promote positive mental health in all staff and pupils
- To increase understanding and awareness of common mental health issues
- To alert staff to early warning signs of mental ill health
- To provide support to staff working with young people with mental health issues
- To provide support to pupils suffering mental ill health and their peers and parents/carers

### **Staff Roles and Responsibilities**

All staff have a responsibility to promote the mental health of pupils; staff with a specific, relevant remit include:

- **Designated Safeguarding Lead:** Ms Otieno
- **Deputy DSL:** Miss Nguyen
- **Senior Mental Health Lead:** Mrs Wilson
- **Mental Health First Aider:** Ms Otieno, Mrs Wilson, Mrs Chowdhury and Mrs Adeniji

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the *mental health First Aiders* 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 lead. 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.

### **Individual Pastoral Plans**

It is helpful to draw up an individual care plan for pupils 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
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play in providing support

### **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.

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.

### **Signposting**

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

### **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 Safeguarding team or Mental Health First Aiders

Possible warning signs include:

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

## **Managing disclosures**

A pupil may choose to disclose concerns 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 mental health 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 focus on the pupil's emotional and physical safety.

This information should be shared with Mental Health First Aiders who will offer support and advice about the appropriate next steps.

## **Working with Parents**

It is important that parents are given information as to how they can support their children's emotional well-being 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 if they have concerns about their child
- Make our mental health and well-being 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

## **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 students safe.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with the Head Teacher who can also highlight sources of relevant training and support for individuals as needed.

**Below is a list of measures that Keir Hardie have put in place that support pupil well-being**

## **Learning Mentors**

Keir Hardie employs three learning mentors to work with and support pupils across the different phase groups. One of the primary roles of the learning mentors is to support pupils to overcome any barriers that they might have with their learning. The barriers can range from:

- Low self-esteem
- Social and communication difficulties
- Complex home dynamics
- Child protection concerns
- Neurological conditions; all of which can contribute to the presentation of challenging or complex behaviour.

The role of the learning mentors is to:

- Identify and work with the root causes of pupils' challenges and work beyond the surface level of their behaviour. Working in this way, the learning mentors are better able to support pupils, as they can then work with a holistic view of the problems that pupils face.

The learning mentors have a caseload of pupils that they work closely with but are also visible and available to all pupils in the school. At Keir Hardie the learning mentors are explicitly identified as adults that pupils can speak to if they are having difficulties. The learning mentors can support when pupils face challenges at home, in the classroom or in the playground. However, it is still important that class-based staff play an active role in providing the first line of support to pupils to share the responsibility of pupil well-being.

## **Educational Mental Health Practitioner**

The school uses an Educational Mental Health Practitioner who works with parents of children who are suffering with their mental health. They provide early interventions for mild-moderate mental health issues.

## **Management of Behaviour**

The school behaviour policy has been developed with the principles of proactive behaviour management in mind. Although there is a clear framework and escalation guideline for managing disruptive behaviour, the emphasis of behaviour management is on accentuating and rewarding the positive behaviour that pupils display. Staff are encouraged to recognise pupils' good choices via the 'language of choice' and identify pupils' choices under the category of one of the five MAGIC habits for behaviour and learning.

This proactive behaviour management style results in pupils hearing and experiencing more positive language being used by staff. By exposing pupils to more positive language than negative, Keir Hardie staff further embed the philosophy of proactive behaviour management and help to establish an environment that is rich in praise and conducive to pupil well-being.

In line with the proactive approach there are more rewards available for pupils to access for positive behaviour than there are sanctions for undesired behaviour; further accentuating the emphasis on positive behaviour choices. There are clear structures in place for dealing with disruptive or undesirable behaviour. Pupils respond well to environments where the structure is clear and where behaviour systems are applied consistently. Pupils are aware of the school's behaviour systems and it is this awareness, coupled with the consistent application of the behaviour systems, which feeds into pupils' sense of safety at school.

### **Safeguarding**

Keir Hardie have a safeguarding team that ensure that safeguarding procedures are applied consistently throughout the school. Keir Hardie staff attend a safeguarding inset at least once during the academic year and are updated on safeguarding initiatives intermittently throughout the year. The safeguarding leads continuously raise the profile of safeguarding and in this way help to ensure that staff remain vigilant in regard to detecting potential safeguarding concerns.

As safeguarding is a high priority in Keir Hardie, staff are well equipped to manage pupil safeguarding concerns. Alongside the other measures outlined in this document, the staff's ability to effectively manage safeguarding concerns fosters an environment where pupils feel able to share their concerns in the knowledge that it will be dealt with appropriately.

### **School Counsellor**

Keir Hardie employ a school counsellor who attends the school twice a week. Vulnerable pupils are selected by the inclusion team to work through their emotional difficulties with the counsellor. The school counsellor works therapeutically with pupils to provide a deeper level of emotional support and allows pupils to explore complex emotions in a therapeutically safe environment. The school counsellor offers specialised expertise in child emotional containment and the skills of the counsellor are employed when it is felt that pupils would benefit from a higher level of therapeutic support. Whilst the details of the sessions are confidential, some elements are shared with selected members of staff to ensure that they are better able to support pupils.

### **Enrichment visits**

The school ensures that pupils attend educational visits regularly throughout the academic year. Pupils are exposed to a variety of experiences during the visits which

add to their overall understanding of the world. In addition to day trips, in year 5 and 6 pupils can attend residential visits. During the residential visits' pupils are exposed to a variety of experiences that test and support their resilience. Pupils often come back from residential trips with a greater level of social communication skills and greater maturity. The residential visits are a great opportunity for pupils to develop their interpersonal skills and further their abilities to work effectively as part of a team.

### **School Council**

Keir Hardie have a school council that is made up of representatives of children from years 1 to 6. The members of the school council are selected via a class vote which gives pupils the opportunity to engage first-hand with a democratic process. School council members represent their classes' views at school council meetings and bring back important information to share with the class. The school council play an active role in fundraising for school events and designating funds to charitable causes.

### **Prefects**

When Keir Hardie pupils get to year 6, they can become school prefects. In addition to receiving a special uniform, the school prefects have extra privileges and responsibilities around the school. Becoming a school prefect is viewed as an important position and pupils aspire to achieve the role. Pupils are actively encouraged to aspire to the role of prefect irrespective of their past behaviour. Pupils are aware that it is never too late to make positive choices and thus the opportunity to become a prefect is available to all pupils who display the appropriate attributes and behaviour.

### **House System**

Keir Hardie operate a house system whereby all pupils are allocated in to one of four Houses. Pupils are given House t-shirts that they can use during P.E and sporting events. Alongside earning MAGIC points pupils can earn points for their House. The House that accrues the highest number of House points during a term gets rewarded with a special House prize. Each House has a member of staff who acts as their Head of House. The Heads of House hold bi-weekly assemblies with their respective Houses and during those meetings they discuss, House behaviour, House attendance and any other House concerns. Operating the House system allows pupils to feel an additional sense of belonging, as in addition to them being part of their school, year and class community, they belong to the additional community of their House.

### **Gang Prevention/Awareness**

Every year an outside practitioner comes into school to provide workshops about gang prevention and awareness. The workshops provide pupils with information on how to stay safe and allow pupils to ask questions that can help to dispel any



misconceptions that they may have about gang activity and who may be vulnerable. The workshops not only provide practical information for pupils, they also support an additional sense of safety and security.

## **Appendix A: Further information and sources of support about common mental health issues**

### **Prevalence of Mental Health and Emotional Wellbeing Issues**

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

**Below, is 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.**

#### **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](http://www.selfharm.co.uk): [www.selfharm.co.uk](http://www.selfharm.co.uk)

[National Self-Harm Network](http://www.nshn.co.uk): [www.nshn.co.uk](http://www.nshn.co.uk)

#### **Depression**

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression those 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](http://www.depressionalliance.org/information/what-depression)

#### **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 they begin 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](http://www.anxietyuk.org.uk)

#### **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 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](http://www.ocduk.org/ocd)

#### **Suicidal thoughts and 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 seemingly without prior warning.

#### **Online support**

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

#### **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](http://www.b-eat.co.uk/about-eating-disorders)