Pupil Mental Health and Wellbeing Policy

St. Benedict's Primary School

Approved on:	11th April 2024
Next review due by:	11th April 2025

Contents

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1. Aims

St. Benedict's Primary School is a Rights Respecting School and the United Nations Convention on the Rights

of the Child is at the heart of everything we do.

We aim for our children to be:

> Enjoying their rights, fulfilling their dreams.

> Ambitious: To take pride in learning, make progress and achieve.

> Resilient: To face challenges with perseverance and determination.

> Respectful: To be inclusive, enjoy their rights and respect the rights of others.

At St. Benedict's Primary School, we are committed to supporting the mental health and wellbeing of pupils, parents, carers, staff and other stakeholders.

This policy focuses on pupils' mental health and wellbeing. It aims to:

> Set out our school's approach to promoting positive mental health and wellbeing for all pupils across our school

> Provide guidance to staff on their role in supporting pupils' mental health and wellbeing, including how they can foster and maintain an inclusive culture in which pupils feel able to talk about and reflect on their experiences of mental health

> Support staff to identify and respond to early warning signs of mental health issues

> Inform pupils and their parents/carers about the support they can expect from our school in respect of pupils' mental health and wellbeing, and provide them with access to resources.

The 8 principles of a whole school approach to mental health and wellbeing

As set out by The Department for Education, a whole school approach to mental health and wellbeing incorporates 8 key principles, which when applied consistently will contribute and promote improved mental health and wellbeing for your school community.

The 8 principles to promoting a whole school approach to mental health and wellbeing are:

1. Leadership and management that support and champions efforts to promote emotional health and wellbeing.
2. An ethos and environment that promotes children's rights and values diversity
3. Curriculum teaching and learning to promote resilience and support social and emotional learning
4. Enabling student voice to influence decisions
5. Staff development to support their own wellbeing and that of students
6. Identifying need and monitoring impact of interventions
7. Working with parents and carers
8. Targeted support and appropriate referral

This policy should be read alongside:

- The Thrive Policy
- SEND policy
- Behaviour and Anti Bullying policy
- Child protection and safeguarding policy

2. Legislation and guidance

This policy was written with regard to:

- The Equality Act 2010
- The Data Protection Act 2018
- Articles 3 and 23 of the UN Convention on the Rights of the Child

3. Roles and responsibilities

All staff are responsible for promoting positive mental health and wellbeing across our school and for understanding risk factors. If any members of staff are concerned about a pupil's mental health or wellbeing, they should inform the designated safeguarding lead (DSL).
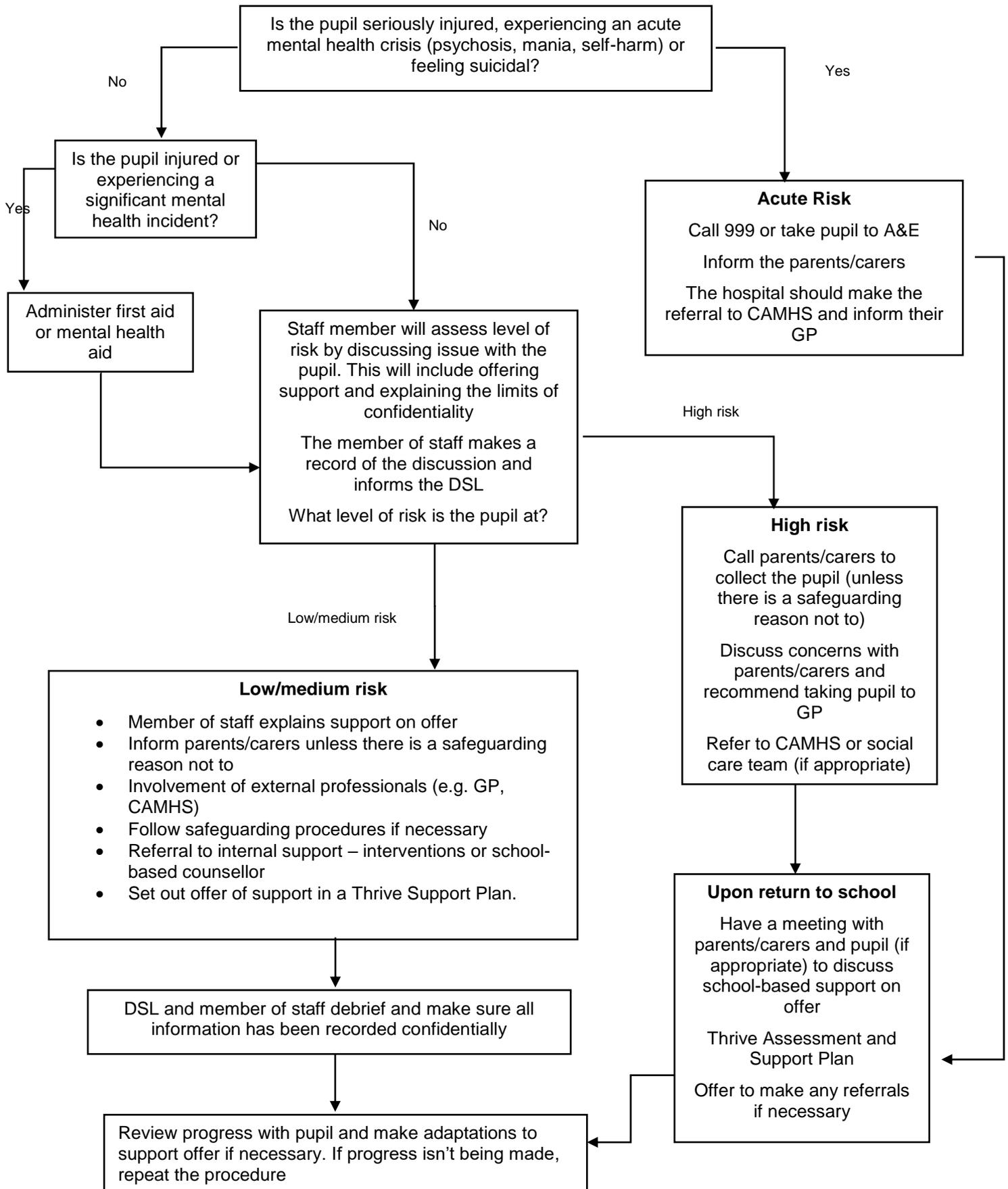
The whole school approach to promoting mental health awareness can be summarised as:

• **Prevention**: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;

• **Identification**: recognising emerging issues as early and accurately as possible;

• **Early support**: helping pupils to access evidence based early support and interventions; and

• **Access to specialist support**: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

Certain members of staff have extra duties to lead on mental health and wellbeing in school. These members of staff include:

- Headteacher
- Designated safeguarding leads (DSL)
- Special educational needs co-ordinator (SENCO)
- Mental health lead
- Attendance lead
- Thrive Practitioner

4. Procedure to follow in a case of acute mental health crisis

Is the pupil seriously injured, experiencing an acute mental health crisis (psychosis, mania, self-harm) or feeling suicidal?

No → **Is the pupil injured or experiencing a significant mental health incident?**

Yes →

Administer first aid or mental health aid

No →

Staff member will assess level of risk by discussing issue with the pupil. This will include offering support and explaining the limits of confidentiality

The member of staff makes a record of the discussion and informs the DSL

What level of risk is the pupil at?

Yes →

Acute Risk

Call 999 or take pupil to A&E

Inform the parents/carers

The hospital should make the referral to CAMHS and inform their GP

High risk →

High risk

Call parents/carers to collect the pupil (unless there is a safeguarding reason not to)

Discuss concerns with parents/carers and recommend taking pupil to GP

Refer to CAMHS or social care team (if appropriate)

Low/medium risk →

Low/medium risk

- Member of staff explains support on offer
- Inform parents/carers unless there is a safeguarding reason not to
- Involvement of external professionals (e.g. GP, CAMHS)
- Follow safeguarding procedures if necessary
- Referral to internal support – interventions or school-based counsellor
- Set out offer of support in a Thrive Support Plan.

Upon return to school

Have a meeting with parents/carers and pupil (if appropriate) to discuss school-based support on offer

Thrive Assessment and Support Plan

Offer to make any referrals if necessary

DSL and member of staff debrief and make sure all information has been recorded confidentially

Review progress with pupil and make adaptations to support offer if necessary. If progress isn't being made, repeat the procedure

5. Warning signs

All staff will be on the lookout for signs that a pupil's mental health is deteriorating. Some warning signs include:

> Changes in:

- Mood or energy level

- Eating or sleeping patterns

- Attitude in lessons or academic attainment

- Level of personal hygiene

> Social isolation

> Poor attendance or punctuality

> Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure

> Abuse of drugs or alcohol

> Rapid weight loss or gain

> Secretive behaviour

> Covering parts of the body that they wouldn't have previously

> Refusing to participate in P.E. or being secretive when changing clothes

> Physical pain or nausea with no obvious cause

> Physical injuries that appear to be self-inflicted

> Talking or joking about self-harm or suicide

6. Managing disclosures

If a pupil makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring.

Staff will focus on the pupil's emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice.

Staff will always follow our school's safeguarding policy and pass on all concerns to the DSL. All disclosures are recorded and stored in via CPOMS.

When making a record of a disclosure, staff will include:

> The context in which the disclosure was made

> Any questions asked or support offered by the member of staff

7. Confidentiality

Staff will not promise a pupil that they will keep a disclosure secret – instead they will be upfront about the limits of confidentiality.

If information needs to be shared with other members of staff or external professionals, it will be done on a need-to-know basis.

Before sharing information disclosed by a pupil with a third party, the member of staff will discuss it with the pupil and explain:

> Who they will share the information with

> What information they will share

> Why they need to share that information

Staff will attempt to receive consent from the pupil to share their information, but the safety of the pupil comes first.

Parents/carers will be informed unless there is a child protection concern. In this case the Safeguarding Policy will be followed.

8. Supporting pupils

8.1 Baseline support for all pupils

As part of our school's commitment to promoting positive mental health, Votes for Schools and wellbeing for all pupils, our school offers support to all pupils by:

> Raising awareness of mental health during assemblies, PSHE and mental health awareness weeks.

> Signposting all pupils to sources of online support on our school website

> Having open discussions about mental health during lessons

> Providing pupils with avenues to provide feedback on any elements of our school that is negatively impacting their mental health

> Monitoring pupils' mental health through assessments, e.g. initial Thrive assessment.

> Appointing a senior mental health lead with a strategic oversight of our whole school approach to mental health and wellbeing

> Offering pastoral support

> Making classrooms a safe space to discuss mental health and wellbeing through interventions such as:

8.2 Assessing what further support is needed

If a pupil is identified as having a mental health need, the DSL/SENDco/Thrive Practitioner will take a graduated and case-by-case approach to assessing the support our school can provide. Our school will offer support in cycles of:

> Assessing what the pupil's mental health needs are using Thrive Assessments

> Creating a Thrive Action Plan plan to provide support

> Taking the actions set out in the plan

> Reviewing the effectiveness of the support offered

(see Appendix 1)

8.3 Internal mental health interventions

Where appropriate, a pupil will be offered support that is tailored to their needs as part of the graduated approach detailed above. The support offered at our school includes:

> Thrive

> Nurture groups

> Reduced timetable

> Alternative timetabling arrangements and adjustments eg. Buddies

> Focused in class support

8.4 Thrive Action Plan

A pupil will be offered a Thrive Action Plan if assessments indicate an interruption in emotional development.

A THRIVE Action Plan is a plan of activities tailored to support a child's identified social and emotional learning targets. The activities are one-to-one and small group play and arts-based activities designed to help the child feel better about themselves; become more resilient and resourceful; form trusting, rewarding relationships; be compassionate and empathetic; and/or be able to overcome difficulties and setbacks.

8.5 Making external referrals

If a pupil's needs cannot be met by the internal offer our school provides, our school will make, or encourage parents/carers to make, a referral for external support.

A pupil could be referred to:

> Their GP or a paediatrician

> Compass Mental Health Support

> CAMHS

> Mental health charities (e.g. Samaritans, Mind, Young Minds, Kooth)

> Local counselling services

9. Supporting and collaborating with parents/carers

We will work with parents/carers to support pupils' mental health by:

> Asking parents/carers to inform us of any mental health needs their child is experiencing, so we can offer the right support

> Informing parents/carers of mental health concerns that we have about their child

> Engaging with parents/carers to understand their mental health and wellbeing issues, as well as that of their child, and support them accordingly to make sure there is holistic support for them and their child

> Highlighting sources of information and support about mental health and wellbeing on our school website, including the mental health and wellbeing policy

> Liaising with parents/carers to discuss strategies that can help promote positive mental health in their child

> Providing guidance to parents/carers on navigating and accessing relevant local mental health services or other sources of support

> Keeping parents/carers informed about the mental health topics their child is learning about in PSHE, and share ideas for extending and exploring this learning at home

When informing parents/carers about any mental health concerns we have about their child, we will endeavour to do this face-to-face.

These meetings can be difficult, so our school will ensure that parents/carers are given time to reflect on what has been discussed, and that lines of communication are kept open at the end of the meeting.

A record of what was discussed, and action plans agreed upon in the meeting will be recorded and added to the pupil's confidential record.

10. Supporting peers

Watching a friend experience poor mental health can be very challenging for pupils. Pupils may also be at risk of learning and developing unhealthy coping mechanisms from each other.

We will offer support to all pupils impacted by mental health directly and indirectly. We will review the support offered on a case-by-case basis. Support might include:

> Strategies they can use to support their friends

> Things they should avoid doing/saying

> Warning signs to look out for

> Signposting to sources of external support

11. Signposting

Sources of support are displayed around our school and linked to on our school website, so pupils and parents/carers are aware of how they can get help.

The DSL/Pastoral Lead/Thrive Practitioner will be available to provide further information to pupils and parents/carers if they want to learn more about what support is available.

12. Training

All staff will be offered training so they:

> Have a good understanding of what pupils' mental health needs are

> Understand the risks and protective factors (see Appendix 2)

> Know how to recognise warning signs of mental ill health

> Know a clear process to follow if they identify a pupil in need of help

13. Support for staff

We recognise that supporting a pupil experiencing poor mental health can affect that staff member's own mental health and wellbeing. To help with this we will:

Outline the support offered to staff, e.g.

> Treat mental health concerns seriously

> Offer staff supervision sessions

> Support staff experiencing poor mental health themselves

> Create a pleasant and supportive work environment

> Offer an employee assistance programme

14. Monitoring arrangements

This policy will be reviewed by the DSL at every review, the policy will be approved by the governing body.

Appendix 1 - The Thrive Approach

A number of children at St. Benedict's Primary need to access the THRIVE programme as they are below the age-related expectations for social and emotional development.

The THRIVE process identify vulnerable children who have an emotional delay or interruption.

> **Thrive identifies developmental building blocks of healthy brain development:**

> • Being 0 – 6 months

> • Doing 6 – 18 months

> • Thinking 18 months – 3 years

> • Power and Identity 3 – 7 years

> • Skills and Structure 7 – 11 years

Online Assessment and Action Planning Tool used based on observations and/or class teachers' views

Action Plan are created based on assessment outcomes

> Level 1: carried out in the classroom through strategies that will benefit all children in the class but in particular the child who requires THRIVE. Strategies can be built into daily rules and routines and when supporting the child with learning. Strategies for the teacher will be provided by the THRIVE licensed practitioner.

> Level 2: will consist of group interventions led by a Thrive Practitioner. Groups will be made up of children who have the same 'interruption'.

> Level 3: will consist of 1:1 sessions, within the group session, (or individually if this is deemed to be in the best interests of the child).

For pupils who are operating within the:

> **Being** stage of development (physiological), the key foci are: safety; having needs met and being special. The adult takes the role of regulator/container.

> **Doing** stage of development (relational/emotional), the key foci are: exploring safely; knowing body limits; experiencing doing and learning about options. The adult takes the role of co-adventurer.

> Thinking stage of development (cognitive), the key foci are: thinking about feelings; problem solving; learning about cause and effect and expressing a view. The adult takes the role of co-constructor of meaning.

Review Action Plans (approx. every 6 – 8 weeks)

> Action plans are adjusted accordingly.

The Vital Relational Functions (VRFs)

> In all interactions with pupils, staff endeavour to use the VRFs outlined in the Thrive Approach. These are drawn from the teachings and findings of leading commentators on emotional, psychological and child development (Sunderland, Kohut, Stern). These skills provide a relational basis for a child's emotional, social and neurological development.

They are:

> **Attunement** – demonstrating an understanding of how they are feeling by "catching and matching" their emotional state.

> • **Validation** – demonstrating that their feelings are real and justified.

> • **Containment** – Offering their feelings back to them, named and in small pieces.

> • **Soothing** – Soothing and calming their distress repeatedly.

> • **Regulation** – Communicating the capacity to regulate emotional states by modelling how to do it.

The provision of emotional containment by the adult who is working closely and regularly with the child, is a significant contributing factor to the child's developing capacity to contain and regulate his/her own emotions. It can help a child get ready to learn and enhance their learning, build positive relationships between a child and their peers and it can improve attainment.

Appendix 2 Risk and protective factors that are believed to be associated with mental health outcomes

	Risk factors	Protective factors
In the child	• Genetic influences • Learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including domestic violence • 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	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord

In the school	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • 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