



Wellbeing and Positive Mental Health Policy

For Woodhall Primary School, part of the Unity Schools Partnership

This policy should be read in conjunction with:

- Wellbeing Statement & Core Offer
- Safeguarding Policy
- Child Protection Procedures
- Behaviour and Anti-Bullying Policy
- Staff Code of Conduct
- Staff Code of Appropriate Behaviour

Date of Review:	July 2020
It was ratified by the Woodhall Primary School Local Governing Body on:	
Date of next Review:	September 2022

WELLBEING AND POSITIVE MENTAL HEALTH POLICY

Context:

At Woodhall Primary School, we pride ourselves on providing a centre of learning excellence that is based on positive relationships. Through these, children's curiosity about the world is ignited and a passion to pursue opportunities is unleashed. This policy is a fundamental component in ensuring this commitment is achieved.

Aims:

At our school, we promote positive wellbeing and mental health for every member of our school community. We achieve this by using whole school approaches, as well as targeted support for individuals. In particular, we aim to:

- Foster positive wellbeing and mental health
- Increase understanding and awareness of mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to children, families and staff suffering mental ill health
- Provide support to staff working with children with mental ill health

Roles and Responsibilities:

Like safeguarding and child protection, all staff, volunteers and governors have a responsibility to promote positive wellbeing and mental health. Within this context, there are staff with a specific remit to ensure this is achieved:

- Mr Matthew Fuller – Mental Health Lead (MHL)
- Mrs Colleen Ardley – Pastoral Support Lead (PSL)
- Mrs Helen Arbon – Designated Safeguarding Lead (DSL)
- Mrs Hazel Crane – Mental Health & Wellbeing Governor

Any member of the school community who is concerned about the wellbeing or mental health of a child or colleague should speak to the school's MHL in the first instance.

Even if you think your concern is minor, the MHL may have more information that, together with what you know, represents a more serious worry about a child or member of staff. It is never your decision alone how to respond to concerns – but it is always your responsibility to share concerns, no matter how small.

Raising a Concern:

A child or colleague 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 disclosure is made, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen rather than advise, concerning themselves about the individual's emotional and physical safety, rather than of exploring 'why?' they may be feeling the way they are.

For more information about how to handle mental health disclosures sensitively see Appendix A.

All disclosures should be recorded in writing on a pink concern form. For children, these will be held on the child's confidential file. This written record must include:

- the date of the disclosure
- the name of the member of staff to whom the disclosure was made
- the main points from the conversation
- any agreed next steps

This information should be shared with the MHL and/ or PSL, who will respond appropriately by providing the child/ colleague with the support and advice they need, as well as storing the records appropriately.

Please note: if there is a fear a child is in danger of immediate harm then the normal child protection procedures should be followed i.e. the DSL notified straightaway.

If a child 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 an outside agency/ charity is appropriate, the PSL will manage the process, in liaison with the MHL.

Warning Signs:

Staff may become aware of warning signs that indicate a child/ colleague is experiencing mental health or emotional well-being issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the MHL or PSL. 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
- 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
- Lateness to or absence from school or an increase in lateness/ absenteeism
- School refusal
- Unwillingness to participate in certain situations
- Repeated physical pain or nausea with no evident cause

Specifically, for children:

- Lowering of academic achievement
- Skipping PE or getting changed secretly

Confidentiality:

It is important to be honest with regard to the issue of confidentiality. If it is necessary for us to pass on our concerns, then we should discuss with the child/ colleague:

- who we are going to talk to
- what we are going to tell them
- why we need to tell them

We should never routinely, share information about a child/ colleague without first telling them. Ideally, we should receive their consent, however, there are certain situations when information must always be shared with another member of staff and/ or a parent/ carer e.g. when a child is in danger of harm. Parents/ carers must always be informed if any kind of support is to be put in place.

Please note: If a child gives a reason that indicates there may be an underlying child protection issue, then the school's child protection procedures should be followed.

Individual Care Plans for Children:

Individual care plan will be drawn-up for a child causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the child, their parents/ carers and relevant health professionals. This plan should include:

- details of a child'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

Signposting:

Staff, children and parents are made aware of the support available in school and within the local community. For information about the support that is available within school and the local community, speak to the MHL or PSL.

Around school, relevant sources of support are displayed in key areas i.e. communal areas, main entrance, toilets and regularly highlight sources of support to children within relevant parts of the curriculum. Whenever we highlight a source of support, we increase the chance of children help seeking by ensuring they understand:

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

Working with Parents:

When deemed appropriate to inform parents/ carers, we need to be sensitive in our approach. Before disclosing to parents/ carers, 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 child, and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents/ carers to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We are accepting of this (within reason) and give the parent/ carer time to reflect.

Working with All Parents:

Parents/ carers 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/ carers, we will:

- highlight sources of information and support about common mental health issues on our school website - <https://www.woodhallprimary.co.uk/pastoral-support>
- 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 Wellbeing and Positive Mental Health Policy easily accessible to parents/ carers
- share ideas about how parents/ carers can support positive mental health in their children through our regular information evenings
- Keep parents/ carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Peer Support:

When a child is suffering from mental ill health, 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 will 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 on a one-to-one basis or within a small group setting. Any support that is put in place will be guided through conversations with the child from mental ill health and their parents. Conversations will cover:

- 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 or saying which may inadvertently cause upset
- warning signs that their friend may help identify 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

Raising Awareness of Mental Health:

The skills, knowledge and understanding needed by children to keep themselves and others physically and mentally healthy and safe are included within our developmental PSHE curriculum. The content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We follow the [PSHE Association Guidance](#) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps rather than harms.

Use of Language:

The power of language to shape our realities and our lives should not be underestimated. For those suffering from mental ill health, certain language can cause offence and even exacerbate a condition. The language often used in relation to mental illness is also frequently inaccurate.

All staff, volunteers and governors will avoid using negative language associated with mental ill health e.g. 'psycho', 'schizo', 'lunatic', 'nutter' etc. and will challenge those who do.

Supporting Positive Mental Health and Wellbeing:

With 1 in 4 people experiencing mental distress during their lifetime, supporting positive mental health and wellbeing is a key component of the school's policy. Evidence suggests that a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish.

The New Economics Foundation has looked at the scientific evidence available and created a set of five simple actions for everyone to improve their wellbeing:

- connect
- be active
- take notice
- keep learning
- give

All children and staff have access to a menu of activities e.g. morning mindfulness sessions for children, new learning and mindfulness session for staff.

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 to enable them to keep children safe. Staff also have access to the [MindEd learning portal](#) which provides free online training suitable for staff wishing to know more about a specific issue.

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

Policy Review:

This policy will be reviewed every 2 years as a minimum.

Appendix A: Talking to children when they make mental health disclosures

The advice below is from children themselves, in their own words, together with some additional ideas to help you in initial conversations with children 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 child 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 child 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 child does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the child 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 are 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 child 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 child 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 child.

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 child weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a child 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 child 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 child.

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 child 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 child'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.