

**LOVE, COURAGE & RESPECT**  
Learning and Achieving Through Love, Courage and Respect

# **BRIGHSTONE C.E. PRIMARY SCHOOL**



## **Promoting Positive Mental Health And Wellbeing Policy January 2024**

**Date Agreed by FGB: February 2024**

## Policy Statement

*“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 Brighstone Primary School, we aim to promote positive mental health and wellbeing for every member of our school community. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable children.

In addition to promoting 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 children and staff 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 is intended as guidance for all staff including non-teaching staff, volunteers and governors.

This policy should be read in conjunction with our safeguarding and child protection and medical policies in cases where a child’s mental health overlaps with or is linked to a medical issue and the SEND policy where a child has an identified special educational need.

## The Policy Aims to:

- Promote positive mental health in all staff and children
- 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 children suffering mental ill health and their peers and parents or carers

## Lead Members of Staff

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

- **Mrs Melissa Jones** – Designated Safeguarding and Mental Health Lead (DSL/MHL), Mental Health First Aider
- **Mrs Rebecca Lennon** - Headteacher, Deputy DSL, CPD lead, PSHE/RSE Subject leader
- **Mrs Lucy Aram** - Deputy DSL

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the mental health lead in the first instance. If there is reason to believe that the child is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to DSL, the Headteacher or the designated safeguarding governor. If the child presents a medical emergency, then the normal procedures for medical emergencies should be followed, including contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the mental health lead. See Appendix A.

## Individual Care Plans

Children causing concern or who receive a diagnosis pertaining to their mental health will be added to the Social Emotional Mental Health (SEMH) needs database and details recorded on MyConcern. It is helpful to draw up an individual care plan. This will be drawn up involving the child, the parents and relevant health professionals. This can include:

- Details of a child's condition/additional needs
- 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

## Teaching about Mental Health

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum using the JIGSAW programme.

The specific content of lessons is 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 will 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.

## Signposting

We will ensure that staff, children 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 is outlined in Appendix B.

We will highlight sources of support to the appropriate children within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of child help seeking by ensuring children understand:

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

## Early Signs

School staff may become aware of early signs, which may indicate a child is experiencing mental health or emotional wellbeing issues. These signs should **always** be taken seriously and staff observing any of these signs should record their concerns on MyConcern and communicate with Mrs Jones, our mental health and wellbeing lead.

Possible 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 levels 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
- Any changes in 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 child 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 child 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 – utilising the same principles of safeguarding training.

Whilst being mindful that we are not medical professionals and so cannot diagnose mental health conditions, staff should listen rather than advise and our first thoughts should be of the child's emotional and physical safety rather than of exploring 'Why?' A referral form should be completed if a staff member believes that further support may be needed. Appendix D.

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

- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health lead who will offer support and advice to the child and family about next steps.

## **Confidentiality**

We will always be open with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a child on, then we will discuss with the child and/or family:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We will never share information about a child 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 cases where children up to the age of 16 are considered to be in danger of harm to themselves or others, the schools safeguarding procedures will be followed.

It is always advisable to share disclosures with a colleague, usually the mental health lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed and included in any decisions made regarding their child's mental health and wellbeing. If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL must 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 child and any 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 will highlight further sources of information and give them information to take away where possible, as they will often find it hard to take much in whilst coming to terms with the news that we are sharing. Sharing sources of further support aimed specifically at parents can be helpful too, e.g. parent helplines and forums.

We will 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 on MyConcern.

## **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, our weekly newsletter and Facebook page
- 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 on the wellbeing tab on our website
- 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

## **Supporting Peers**

When a child 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, 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 one to one or group settings and will be guided by conversations with the child 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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**

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

As a school, we subscribe to The National College, which provides free (to staff) online training suitable for staff wishing to know more about a specific issue. We also use external agencies for CPD and advice.

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 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.

Suggestions for individual, group or whole school CPD should be discussed with Mrs Lennon, our CPD Coordinator, who can also highlight sources of relevant training and support for individuals as needed.

## **Policy Review**

This policy will be reviewed every 3 years as a minimum. It is next due for review in January 2027.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Mrs Jones, our mental health lead, via phone 01983 740285 or email [m.jones@brighstoneprimary.org.uk](mailto:m.jones@brighstoneprimary.org.uk)

This policy will always be immediately updated to reflect personnel changes.

## **Appendix A**

CCAMHS Isle of Wight - More information and referral form

<https://www.iow.nhs.uk/our-services/mental-health-services/CAMHS/camhs.htm>

## **Appendix B**

This website offers a wealth of information regarding services available locally

<https://www.iwmentalhealth.co.uk/>

## **Appendix C**

Youth Trust Service - More information and referral form

<https://www.iowyouthtrust.co.uk/>

## **Appendix D**

## Referral form for **Additional Support**

Date:		Name of Pupil:		Person referring:	
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### Additional Support needed (Please Circle/highlight)


Special Educational Need (SEND)	Mental Health/ Wellbeing	Emotional Literacy Support (ELSA)	Other (Please specify)
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<b>Reason for concern</b> (Anything at all that is relevant to why you believe additional support may be needed)	
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<b>Parental Concerns?</b> (have the parents expressed concerns)	
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<b>Suggested Targets / objectives</b> (What do you believe would help the pupil?)	
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<b>Impact on learning/behaviour</b>	1	2	3	4	5	6	7	8	9	10
	A little									A lot

<b>Urgency</b>	1	2	3	4	5	6	7	8	9	10
	A little									A lot

Member of staff dealing with referral:	
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Actions/Notes/Additional Support provided	Date Complete
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Logged actions on my concern										
Copy in child's file										
Date:										
Impact on learning/behaviour	1	2	3	4	5	6	7	8	9	10
	A little									A lot