



**Tillington Manor**  
**PRIMARY SCHOOL**

**Working TOGETHER to achieve the best!**

# Mental Health and Emotional Well-being Policy

**Written by: K.Brockhurst    Date: July 2022**

**Approved by : Simon Rowland (CoG)    Date:    July 2022**

**Last reviewed on: Newly Written Policy so N/A**

**Next review due by: July 2024**

This policy was written in consultation with staff, pupils, parents and professionals involved in mental health and wellbeing.

### Policy Statement

At Tillington Manor Primary School, we are committed to supporting the emotional health and wellbeing of our pupils and staff.

We have a supportive and caring ethos and our approach is respectful and kind, where each individual and contribution is valued.

At our school we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

At our school we:

- help children to understand their emotions and feelings better
- help children feel comfortable sharing any concerns or worries
- help children socially, to form and maintain relationships.
- promote self-esteem and ensure children know that they count.
- encourage children to be confident and 'dare to be different'
- help children to develop emotional resilience and to manage setbacks.

We promote a mentally healthy environment through:

- Promoting our school values and encouraging a sense of belonging.
- Promoting pupil voice and opportunities to participate in decision-making
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- Providing opportunities to reflect
- Access to appropriate support that meets their needs

We pursue our aims through:

- Universal, whole school approaches
- Support for pupils going through recent difficulties, including suicidal thoughts or bereavement.
- Specialised, targeted approaches aimed at pupils with more complex or long term difficulties including attachment disorder.

## Scope

This policy should be read in conjunction with our Medical policy and our SEND policy in cases where pupils mental health needs overlap with these. This policy should also be read in conjunction with policies for Restorative Behaviour and Anti-bullying, and PSHE and SMSC policies. It should also sit alongside child protection procedures.

## Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

This policy has been created with regard to the following DfE guidance:

- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

This policy also has due regard to the school's other policies including, but not limited to, the following:

- Safeguarding policy
- Looked after and Previously Looked after policy
- SEND Policy
- Attendance policy
- Positive and restorative Behaviour Policy
- Supporting Students with Medical Conditions Policy
- Staff Code of Conduct/Handbook

## Common SEMH difficulties

**Anxiety:** Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a student's ability to develop, learn and sustain and maintain friendships.

Specialists reference the following diagnostic categories:

- **Generalised anxiety disorder:** This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- **Panic disorder:** This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.

**Obsessive-compulsive disorder (OCD):** This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).

**Specific phobias:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).

**Separation anxiety disorder:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a student's age.

**Social phobia:** This is an intense fear of social or performance situations.

**Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

**Depression:** Depression refers to feeling excessively low or sad. Depression can significantly affect a student's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** A student with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a student experiencing a daily depressed mood for at least two years.

**Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.

**Hyperkinetic disorder:** This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been

present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

**Attachment disorders:** Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Students suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- o Opportunity to establish a close relationship with a primary caregiver.
- o The quality of caregiving.
- o The child's characteristics.
- o Family context.

**Eating disorders:** Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

**Substance misuse:** Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

**Deliberate self-harm:** Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

**Post-traumatic stress:** Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

### Lead Members of Staff

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

- Kelly Brockhurst - Designated child protection / safeguarding officer / SENCO and Senior Mental Health Lead
- Jacqui Brian - Deputy Designated child protection / safeguarding officer
- Natalie Hall - Deputy Designated child protection / safeguarding officer
- Christopher Tucker - Deputy Designated child protection / safeguarding officer
- Lesley Rogers- Deputy Designated child protection / safeguarding officer/ Mental Health First Aider / Family Support Worker
- Debbie Lee-Rogers- Emotional Literacy Support assistant –ELSA
- Scott Brockhurst – Designated Teacher
- Simon Rowland – Safeguarding Governor

### Creating a supportive whole school culture and ethos

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

The school utilises various strategies to support students who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as:
  - PSHE
  - Reading
  - English
- Counselling
- Positive classroom management
- Developing students' social skills through oracy, drama and debate
- Working with parents
- Peer support through the team of Well-Being Champions
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The school's Behaviour Policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

The SLT ensures that there are clear policies and processes in place to reduce stigma and make students feel comfortable enough to discuss mental health concerns.

Students know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

### Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort being taught, but we will also use the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

### Targeted support

The school will offer support through targeted approaches for individual pupils or groups of pupils which may include:

- Circle time approaches or 'circle of friends' activities.
- Targeted use of PSHE resources.
- Managing feelings resources e.g. 'worry boxes' and 'worry monsters'
- Managing emotions resources such as 'the incredible 5 point scale' and 'Blob Trees'
- Mental health and wellbeing groups, including Well-Being champions
- ELSA support groups.
- Therapeutic activities including art and lego therapy, relaxation and mindfulness techniques

The school will make use of resources to assess and track wellbeing as appropriate including:

- Strengths and Difficulties questionnaire
- The Boxall Profile
- Emotional literacy scales
- RCADS and CORS Outcome measures

### Signposting

We will ensure that staff, pupils and parents are aware of what support is available within our school and how to access further support. We will send home a well-being Newsletter termly, update the school website well-being section regularly and provide updates via our social media and dojo pages.

### Identifying needs and Warning Signs

All staff will be trained at identifying a range of possible difficulties including:

- Attendance
- Punctuality
- Relationships
- Approach to learning
- Physical indicators
- Negative behaviour patterns
- Family circumstances
- Recent bereavement
- Health indicators

School staff may also become aware of warning signs which indicate a student 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 the designated child protection and safeguarding officer or the emotional wellbeing lead as appropriate. They should log concerns on the school internal safeguarding system, EdAware.

Possible warning signs include:

- Changes in eating / sleeping habits
- Becoming socially withdrawn
- Changes in activity and mood
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

## Supporting Parents

In order to support parents we will:

- Highlight sources of information and support about mental health and emotional wellbeing on our school website, dojo and social media pages
- Share and allow parents to access sources of further support e.g. through parent forums such as HOPE
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their child.
- Make our emotional wellbeing and mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children.
- 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.
- Conduct regular surveys and seek to improve our provisions where needed

## Working with other agencies and partners

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing including:

- The school nurse
- Educational psychology services
- Behaviour support
- Pediatricians
- CAMHS (child and adolescent mental health service)
- Counselling services
- Family Action
- Early Help
- Other Therapists

## 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.

The Staffordshire Children's Safeguarding Board, Staffordshire Local Offer and National Online Safety provide 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 our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

### Supporting Peers

When a child is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support. This could be through the use of our Well-Being champions.

Support will be provided in one to one or group settings and will be guided by conversations by 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 / saying which may inadvertently cause upset
- Warning signs that their friend needs help

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

### Staff Mental Health

We recognise that anyone can experience mental health issues for various reasons which may be out of their control. There may also be work related factors that could contribute to poor mental health such as work life imbalance, work load pressure, poor working conditions. To every extent possible, we aim to recognise and address cases of workplace pressures that contribute to mental health issues.

We aim to:

- Treat staff mental illness seriously.
- Proactively support resolution of issues causing concern.
- Support staff members who face mental health problems.
- Create pleasant workplaces
- Encourage communication

Staff can access the Thinkwell service, confidentially, if they need any further support. Details are provided in the Staff Handbook and on the Staff Well-being notice board.

### Policy Review

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