Fordham Church of England Primary School

Mental Health & Wellbeing Policy

Statement Summary		
A brief summary of the school's approach to Mental Health & Wellbeing		
	Date of writing	Spring 2025
	Date of review	Spring 2028
	Committee	FGB

<u>Our School Christian Vision:</u>

At Fordham, we are committed to achieving educational excellence by making learning stimulating, practical and above all, enjoyable. We believe in developing all God's children, allowing them to grow and 'flourish'. We aim to do this as a whole community where 'faith and friendship' are at the heart of our success.

1. **School Mission 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)

In our school our Christian vision shapes all we do and encompasses the breadth of our academic and pastoral values.

2. **Aims**

- To promote positive mental health for every member of our staff, pupils, governors and families.
- Increase understanding and awareness of common mental health issues.
- To recognise and respond to individual need as it arises.
- To provide a safe and stable environment for pupils affected both directly and indirectly by mental health and wellbeing issues.

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

3. **Lead Members of Staff**

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

Miss. D. Rankin – Headteacher, DSL, Designated Teacher for Looked After and Previously Looked After Children
Mrs. C. Clay – Assistant Headteacher, DDSL, Mental Health Lead, Young Carers Lead, Behaviour & Attendance Lead
Mrs. A. Lawes – Pastoral Teacher, ELSA, Young Carers Champion, Mental Health Champion
Mrs C. Bramley – Deputy Headteacher, DDSL
Mrs. S. Lycett – SENCo,
Mrs. N. Davenport – PSHE Lead
Mrs. P. Bradshaw - Lead First Aider
Mrs. D. Shipp – *Safeguarding Governor*

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead or Mental Health Champion 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 Child Protection Office staff or the head teacher. 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.

4. **Individual Care Plans**

It is helpful to draw up an individual health care plan for pupils causing concern or who receives 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

5. Teaching about Mental Health and Wellbeing

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 developmental 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.

We follow Kapow PSHE curriculum to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner. (See Kapow Statutory Guidance Mapping Document).

Aside from our planned curriculum, we take a whole school approach to promoting positive mental health, aiming to help children become more resilient, happy and successful and to work in a pro-active way to avoid problems arising. We do this by:

• Creating and applying consistent ethos, policies and behaviours that support mental health and well-being.
• Adhering to a positive, restorative approach to behaviour management.
• Helping children socially to form and maintain relationships.
• Helping children to feel comfortable about sharing any concerns or worries.
• Half-termly whole school ELSA teaching sessions to proactively develop pupils emotional literacy skills and an awareness of mental health, so that they understand their emotions and feelings better.
• Promoting self-esteem and ensuring children understand their importance in the world.
• Helping children to be resilient learners and to manage setbacks.
• Identifying children who have mental health challenges and planning support to meet their needs, including working with pastoral staff in school, the use of external specialist services, parents and carers.
• Supporting and training staff to develop their skills and their own resilience.
• Developing an open culture where it's normal to talk about mental health.

We promote a mentally healthy environment through:
• Promoting our school values of Faith, Friendship and Flourish and encouraging a sense of belonging.
• Promoting pupil voice and opportunities to participate in decision-making.
• Celebrating academic and non-academic achievements both in and out of school.

• Providing opportunities to develop a sense of worth through taking responsibility for themselves and others. This includes a buddy system between EYFS and Yr6 plus Yr1 and Yr5.
• Providing opportunities to reflect.
• Enabling access to appropriate support.
• Mental Health and PSHE for all year groups
• Specific Children's Wellbeing week and access to information around the school
• ELSA sessions and pastoral groups
• Normalising discussions about a range of feelings and how we can manage them
We pursue our aims through:
• Universal, whole school approaches
• Support for pupils going through recent difficulties, including bereavement.
• Specialised, targeted approaches aimed at pupils with more complex or long-term difficulties, including developmental trauma and attachment disorder.
• Nurture groups to focus on mental health, resilience and wellbeing.

6. Signposting

We will ensure that staff, pupils 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 2].

We will display relevant sources of support in communal areas and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

7. Early Identification and Warning Signs

Fordham CofE Primary school are committed to identifying symptoms of individuals with declining social, emotional and mental health needs; staff raise concerns through Pupil Progress meetings, complete internal school referrals as well as discuss concerns with members of the the Inclusion Team. Termly well-being checks are also completed with all year groups which are then triaged by teachers. Year 6 also complete a digital wellbeing check alongside this to ensure that modern technology, the internet and online relationships are not impacting a child's wellbeing. Signs and symptoms are also discussed and outcomes identified at Pupil Progress meetings which are attended by the Mental Health Lead.

All staff will be vigilant in identifying a range of possible difficulties that may be contributing to a pupil's poor mental health, including:

• Attendance
• Punctuality
• Relationships

• Approach to learning
• Physical indicators
• Negative behaviour patterns
• Family circumstance
• Recent bereavement
• Health indicators

School staff may also 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 the designated child protection and safeguarding officer or the emotional wellbeing lead as appropriate, following safeguarding protocols with the child.

Possible warning signs include:

• Changes in eating/sleeping habits
• Becoming socially withdrawn
• Changes in activity and mood
• Changes in clothing
• Talking 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
• Sudden decrease in academic achievement
• Secretive behaviour

8. Assessment, interventions and support

All concerns are reported to the designated adults within school and needs are assessed through a triage approach with SLT, class teachers and SENCo to ensure the child gets the support they need, either from within the school or from an external specialist service, as quickly as possible.

Regular reviews are the completed with relevant staff and parents/carers to assess the impact of support, progress and any further intervention needed.

9. Working with parents and carers.

Parents or carers can approach their child/children's class teacher if they have mental health concerns. This will be cascaded to the Mental Health Lead for assessment via pupil progress meetings or an urgent pastoral log of concern referral.

To support parents and carers we will:

• Provide information online on mental health issues and local wellbeing and parenting programmes.

• Share ideas about how parents and carers can support positive mental health in their children.

• Make our mental health policy easily accessible to parents.

• Keep parents informed about the mental health topics taught in PSHE and share ideas for extending and exploring this at home.

• Share information with parents and carers about in school initiatives that support pupils' mental health and wellbeing, such as The Zones of Regulation or whole-school wellbeing sessions.

• Organise workshops and presentations on mental health, anxiety, resilience and steps to wellbeing.

When a concern has been raised, teachers or the Mental Health Lead and SENCo. will:

• Contact parents to discuss the outcome of any assessment (Although there may be cases in which parents and carers cannot be involved due to child protection issues.)

• Discuss any relevant referrals to external agencies.

• Signpost parents to further information or provide resources to take away.

• Create a chronology of actions and events.

• Agree mental health care and protection plan where appropriate, including clear next steps.

• Discuss how parents can support their child through strategies or signposts to parenting support groups.

10. Working with specialist services

As part of our targeted provision, the school will work with other agencies to support children's emotional health and wellbeing. Children may be referred to one of the following services for additional support.

• Younited via Professional, Parent and GP referral system

• Emotional Health and Wellbeing Service for consultation

• Educational Psychology Services

• CAMHS (child and adolescent mental health service)

• School Nursing Service

• Children's and Family Services

• Private therapeutic services

• Targeted Support Family support workers

• Specialist agencies for pupils' with SEND e.g. Specialist Teachers

We also recognise that when a pupil is suffering from mental health issues, it can be a difficult time for their friends. We will consider on a case-by-case basis if a pupil's friends need additional support, and this will be provided either in a one-to-one or group capacity by the Mental Health leads and classroom staff.

11. 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 pupils safe. The MindEd learning portal 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 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.

12. Links to other policies

This policy links to the following policies:

- Child Protection Policy
- Anti Bullying
- SEND Policy
- Positive Behaviour Policy
- Medical Needs Policy

Monitoring and evaluation

The Mental Health and Wellbeing Policy will be published on the school website. The policy will be reviewed every three years.

Appendix 1 – Guidance on referral to CAMHS

Information for professionals completed CAMH referral can be found here:

https://www.cpft.nhs.uk/professionals/referrals-to-camhs

A beginner's guide to the NHS's Child and Adolescent Mental Health Services (CAMHS) for young people and parents available here:

https://youngminds.org.uk/find-help/your-guide-to-support/guide-to-camhs/

Appendix 2 – Signposting Support in School and the Local Community

In School

We have a multitude of individualised support activities within school run by our Pastoral Team. These include one-to-one informal support and group activities around targeted areas (bereavement, anxiety, anger). We also host a variety of drop-ins and training sessions from the Local Authority team and other outside agencies.

For more information on these please discuss with either our Mental Health Lead (Head) or Pastoral & Welfare Lead.

By Phone

Centre 33 Free and confidential support and information for young people.	01223 316488
Childline Support and advice, someone to talk to.	0800 1111 (free)
CRUSE Bereavement Care	0844 477 9400 01223 633536 (Cambridge Branch)
HOPEline UK Prevention of young suicide.	0800 0684141
Samaritans Crisis care line.	0457 909090
Stars Bereavement support services for the young in Cambridgeshire.	01223 863511
Young Minds Improving mental health of children and young people.	0808 802 5544 (Parents) 020 7089 5050 (Professionals)

Internet Resources

Handson Scotland – A toolkit helpful resources to encourage children and young people's emotional wellbeing.
www.handsonscotland.co.uk

MIND – Information and advice about mental health issues.
www.mind.org.uk

Young Minds – charity committed to improving mental health of children and young people.
www.youngminds.org.uk

Royal College of Psychiatrists – information about mental health problems affecting children.
www.rcpsych.ac.uk/mentalhealthinformation.aspx

The Mix – Expert advice and resources, everything you need to know about mental health, from anxiety and depression to self care and counselling.
https://www.themix.org.uk/mental-health

Mood Juice – designed to offer information & advice to those experiencing troublesome thoughts, feelings and actions.
www.moodjuice.scot.nhs.uk

Samaritans – A charity dedicated to reducing feelings of disconnection and isolation, access before, during or after a crisis.
www.samaritans.org.uk

Appendix 3: Talking to pupils when they make mental health disclosures

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

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

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 pupil 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 pupil.

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 pupil 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 pupil'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.

Appendix 4: What makes a good CAMHS referral?

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- name and date of birth of referred child/children
- address and telephone number
- who has parental responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?

- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

The screening tool on the following page will help to guide whether or not a CAMHS referral is appropriate.

For further support and advice, our primary contacts are:

For service-users, parents, carers and general enquiries:

Call - 01223 465100

Single point of access – referrals:

Call - 01480 428115

Single point of access – e-mail:

accesscamhs@nhs.net