Oxenhope Church of England

Primary School

Mental Health and Wellbeing Policy

Created By:	Date:	Next Review Date:
A Jones	April 2021	April 2022

We are a community where each person is valued by God. We nurture confidence, delight and discipline in seeking the skills needed to shape life well.

Life in all its fullness; John Chapter 10 v 10.

At Oxenhope CE Primary School, we believe in a broad, balanced and creative curriculum, which provides *each child* with a chance to flourish and achieve their potential by becoming successful, life-long learners who are able to enjoy life in all its fullness. Our Christian ethos, character and values pervade Oxenhope CE Primary ensuring the exceptional personal development and academic achievement of the whole child, as well as the overall 'well-being' of the school community. The school is wholehearted in its commitment, putting faith and spiritual development at the heart of the curriculum.

Christian beliefs and practices that underpin this policy

Love / Compassion	'Love your neighbour as yourself' Luke 10 v 27 Just like Jesus was 'moved with compassion' we want to instil the children of Oxenhope with selfless kindness towards others. The ultimate aim is to do good to other people, whoever they may be.
Service / Community	'Serve one another in love' Galatians 5 v14 At Oxenhope we actively seek opportunities to work together to help others. As even Jesus washed the disciple's feet we can learn from his example and seek to do good where we can, both locally and globally.
Wisdom	'Blessed are those who find wisdom, those who gain understanding.' Proverbs 3 v 13 As the children at Oxenhope are faced with situations and dilemmas, we endeavour to teach and direct them to make wise choices which will develop their characters and shape their lives. Wisdom is rooted in a proper reverence for God, the source of all life and values.
Forgiveness	'Forgive us our sins as we forgive those who have sinned against us.' Luke 11 v 4 These are the words we quote in our school prayer. As we appreciate how much we have been forgiven, we can forgive others.
Courage	"Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the LORD your God will be with you wherever you go." Joshua 1 v 9 It is important that the children go from Oxenhope with a determined strength that they can bravely overcome whatever challenges they are faced with.
Endurance / Hope	**'**Be joyful in hope, patient in affliction, faithful in prayer.' Romans 12 v 12 Jesus' followers are challenged to think of life like a race. However - NOT a short sprint but a marathon! The bible says that we are made stronger for the future every time we endure and refuse to give up. We teach our children to persevere and not give up hope.
Truth	'Instead, we will speak the truth in love, growing in every way more and more like Christ' Ephesians 4 v 15 We teach the children to be full of integrity and honesty, knowing the difference between right and wrong. If they have strong moral principles they will be the much needed light in this world. As Jesus said 'the truth will set you free.'

"A healthy school ensures that when children are unhappy, anxious, disturbed or depressed there are open channels for them to seek or be offered support, without stigma and with appropriate confidentiality. A healthy school actively seeks to promote emotional health and well-being and helps children to understand their feelings".

Positive Mental Health and Emotional Well-being describes how we think, feel and relate to ourselves and others and how we interpret the world around us. It affects our capacity to manage, communicate, and form and sustain relationships as well as our ability to cope with change and major life events.

At Oxenhope we work towards positive Mental Health and Wellbeing in the whole of our school community, for adults as well as children. 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. In an average classroom, three children may be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for children affected both directly, and indirectly by mental ill health.

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

This policy should be read in conjunction with our medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need. It also links to the following policies: Anti-bullying and Behaviour, First Aid, PSHE, Child Protection, Safeguarding

The Policy Aims to:

- Promote positive mental health and wellbeing in all staff and children
- Increase understanding and awareness of common mental and emotional health issues
- Alert staff to early warning signs
- Provide support to staff, children and their families

Lead Members of Staff

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

- Alice Jones, Gillian Dyson, Laura Smales and Jo Brown – Mental Health First Aider Leads
- Matthew Hill – Safeguarding Lead Governor
- Kevin Campbell-Wright – Staff Wellbeing Governor
- Alice Jones - Designated Safeguarding Lead (DSL)
- Gillian Dyson, Caroline Auty, Laura Smales, Oliver Thurlby and Jo Brown – Deputy Designated Safeguarding Leads (DDSL)
- Gillian Dyson – Pastoral Manager (PM)
- Alice Jones - PSHE leader
- Alice Jones – SENCO
- Heather Cooper – SENCO assistant

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Pastoral Manager and or DSL in the first instance and record their concerns on CPOMS. 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 safeguarding lead.

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.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns to the Mental Health Leads via CPOMS.

Possible warning signs include: (this is not an exhaustive list)

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Noticeable changes in appearance/behaviour/attitude
- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Curricular and Extra-Curricular Support

We support the mental health and wellbeing of all children through:

- A strong school ethos which empowers tolerance and respect, including respect for difference and diversity
- High profile anti-bullying procedures and policy through corporate posters, assemblies and events
- Establishing clear rules, routines and expectations about behaviour for learning and social cohesion.
- Encouraging positive, caring and constructive relationships
- Having active listeners, including assistants and adults other than school staff to whom a child may turn
- Enhancing school and classroom layout, facilities and resources, such as our sensory room
- Recognising the background of individual children and their physical, social and emotional needs
- Consistent support for vulnerable children and those with SEND from trained teams of pastoral, learning
- support, teaching assistants and other agencies where appropriate.

- A balanced curriculum with opportunities for intellectual, physical and expressive development
- Using a range of teaching styles such as Circle Time appropriate to children' age, ability and level of maturity
- Using Coram Education materials to raise self-esteem and confidence levels.
- Opportunities for pupil leadership through school council, safety squad, eco warriors' other roles
- An emphasis on praise and reward
- Opportunities for reflection and spiritual development through art, literature and the RE curriculum
- Having nurture groups for general wellbeing as well as specific mental health, such as interventions dealing with anxiety or emotions
- Taking part in Mental Health awareness weeks and days
- Each classroom has a WOW and Worry Box for children to communicate with the teacher. Assemblies are also used to reinforce positive messages.

Staff Wellbeing Support

We support the mental health and wellbeing of all staff through:

- Curricular planning time within the school week
- Whole school training events, including Safeguarding
- Access to appropriate external training
- Involving all staff in decision making and proposed change e.g. timing of the school day, frequency of reporting to parents and so on.
- Provision of non-contact time to allow for planning, delivery and evaluation of healthy school activities
- Consultation on training and support needs through regular review
- Work life balance regularly reviewed and acted upon i.e. reduction of unnecessary paperwork, admin tasks
- Encouragement of social events
- Half termly wellbeing meetings with SLT
- Access to counselling services
- Discussion of wellbeing at Governor meetings
- Having a dedicated staff wellbeing governor

Supporting staff who are working with children with mental health issues:

School acknowledges that staff who are working closely with distressed children can themselves be placed under emotional strain and aims to increase the level of awareness and understanding amongst staff of issues involving the mental health of young people, in particular concerns with self-harm, eating disorders, depression and anxiety.

The school will provide a range of opportunities for staff to access training in dealing with children with mental health problems, including opportunities to talk with other specialist professionals working with children with recognised mental health issues.

Working with Parents

In order to support parents, we will:

- Highlight sources of information and support about mental health and emotional wellbeing on our school website
- Ensure that all parents are aware of who to talk to, and how to get 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.
- Offer support through our Pastoral Learning Manager

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 through Oakfield pupil referral unit
- Paediatricians
- CAMHS (child and adolescent mental health service)
- Counselling services
- Family support workers
- 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 children 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 children.

Pupil Passports (Individual Support Plans):

It is helpful to draw up an individual care plan for children causing concern or who receive a diagnosis pertaining to their mental health, at Oxenhope these are call Pupil Passports. 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

Roles and Responsibility

The promotion of Emotional Health and Social Well Being and raising the achievement of all children is the responsibility of the whole school staff and governors.

- The Headteacher and Senior Leadership Team will demonstrate through their personal leadership the importance of this scheme, ensure all staff are aware of it and understand their role and responsibility in relation to it.
- The Governing body has adopted this scheme and will assess and monitor its impact annually.
- Staff will be expected to know what their responsibilities are in ensuring the scheme is implemented. They will be aware of the implications of it for their planning, teaching and learning strategies, management of activities, as well as behavioural issues.
- Children will be made aware of how this policy applies to them as part of the school aims, values and in the curriculum.
- Parents and carers will be encouraged to participate fully in implementing it in partnership with the school.

Appendix 1 :

Most common mental health concerns in school

- Anxiety and depression
- Self-harm
- Eating disorders

Signs and symptoms of mental or emotional concerns

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England if affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys. Because girls typically reach puberty before boys do, they're more likely to develop depression at an earlier age than boys are.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship
- Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

- Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide
- Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.
- Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

First Aid for anxiety and depression

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Senior Designated Person (Mrs Alice Jones) or Deputy Senior Designated Person (Gillian Dyson, Laura

Smales, Caroline Auty, Oliver Thurlby and Jo Brown) for safeguarding aware of any child causing concern.

Following the report, an appropriate course of action will be followed. This may include:

- Talking to the child and using ALGEE techniques – MHFA training
- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a student is at serious risk of causing themselves harm, then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Depression may develop over days and weeks. The duration can also vary in length of time, and it should be noted that most cases will self-resolve. About 20% will have a residual low-level depressive state continuing for months or years. About 5% will have full symptoms lasting 2 years or more.

Treatment considerably shortens the duration of the depressive phase, meaning that diagnosis is essential. The school's role is to foster a balanced, supportive, non-judgmental and confidential environment for the pupil. This involves acceptance of the situation and possibly some adjustments being made to the academic and curricular involvement of the pupil. Professional help will be needed externally consisting of therapy, plus or minus medication. The school will expect to work closely with these professionals to ensure that the school can play a positive role in the pupil's treatment.

Eating Disorders

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless

pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate
- significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

Social Factors

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical centre.

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting

- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay
- Behavioural Signs
- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes she is fat when she is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

Self-Harm

We endeavour to keep all pupils out of harm's way and protect them from danger. Unfortunately, there are times when the pupil actually inflicts the damage to themselves. In these cases, most of the time, it is a coping mechanism, learnt by the individual, when life is difficult. It involves an individual who harms their 'physical self' to deal with emotional pain, or to break feelings of numbness by arousing a painful sensation.

Self-harm is considered to be any deliberate, non-suicidal behaviour that inflicts physical harm on any part of one's body and is usually aimed at relieving emotional distress.

Context

Physical pain can be thought to be easier to cope with than emotional pain, because it causes 'real' feelings. Self-harm injuries can prove to an individual that their emotional pain is valid. Self-harm can include but is not limited to, cutting, burning, banging and bruising, non-suicidal medication over-dose, eating disorders, alcohol misuse, or even intentional bone breaking. It can be very addictive and habitual. Chronic and repetitive self-harm may affect people for months and years.

Who

There is no 'typical' person who self-harms. It can be anyone. An individual who self-harms cannot and should not be stereotyped; they can be of all ages, any sex, sexuality or ethnicity and of different family backgrounds. Each individual's relationship with self-harm is complex and will differ. There can be many reasons behind self-harm such as childhood abuse, sexual assault, bullying, stress, low self-esteem, family breakdown, dysfunctional relationships, mental ill health and financial worries, as well as pressure at home/in school to succeed or a desire for some particular attention in relation to others.

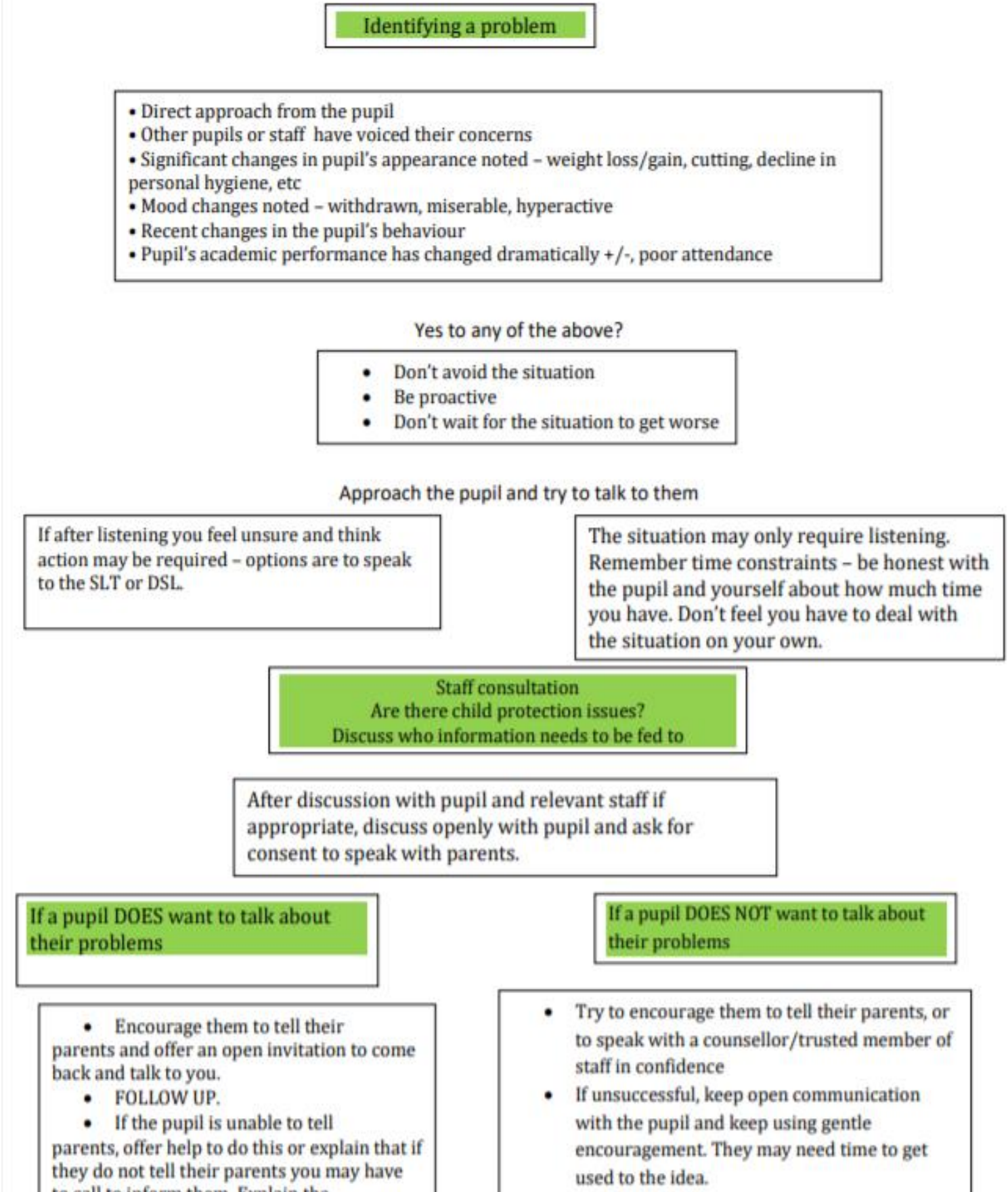
Risk Factors associated with self-harm

- Low self esteem
- Pupil high expectations/ perfectionism
- Mental health issues – such as depression & anxiety.
- Problems at home or school.
- Physical, emotional or sexual abuse.

It is important to recognise that none of these risk factors may appear to be present. Sometimes the individual is outwardly happy, high achieving person with a stable background who is suffering internally and hurting themselves in order to cope.

Warning signs associated with self-harm.

- Drug and or alcohol misuse or risk taking behaviour.
- Negativity and lack of self-esteem.
- Out of character behaviour.
- Bullying other pupils.
- A sudden change of friendship or withdrawal from group.
- Frequently absenting him/herself from lessons, withdrawing physically to be alone
- Physical signs of self-harm
- Obvious cuts scratches or burns that do not appear to be accidental.
- Frequent 'accidents' that cause physical injury.
- Regularly bandaged arms and /or wrists.
- Reluctance to take part in exercise or other activities that require a change of clothes.
- Wearing of long sleeves and trousers even in hot weather.

However, it should be noted that in the majority of cases self-harm is a very private act and individuals can go to great lengths to hide scars and bruises and will often try to address physical injuries themselves rather than seek medical treatment.

Appendix 2 : Flow chart for staff