

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 and can thrive productively and fruitfully.

Healthy Minds and encouraging well-being through learning is our primary aim.

At St Laurence's, we aim to promote positive mental health for all stakeholders: staff, pupils and all associated with our school. We pursue this aim using whole school approaches, through PSHE and using specialised, targeted approaches aimed at supporting all including vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health (through access to other professionals and clinicians). We are aware that in an average classroom there will be children suffering from a diagnosable mental health issue. It is our aim to be aware of, sign post and target procedures to promote safe, positive well-being and mental health; and to support those affected both directly and indirectly by mental ill health. Sign-posting is essential to fully cater for all.

Linked policies- This guidance should be read in conjunction with other associated policies:

- Safe-guarding Policy and **KCSiE link** (ref Keeping Children Safe in Education, Statutory Guidance for Schools and Colleges, September 2020, Department for Education-ref part 1)
- our Medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue; Medicines and Drug Awareness Policy
- the SEND policy where a student has an identified special educational need
- Learning and Behaviour Management Policy, Inclusion, Equal Opportunities Policy and RSE Policy (re body image and self-image), also SMSC (Spiritual, Moral, Social and Cultural) element in all policies

Healthy Mind activities

Examples of enrichment provision and activities at St. Laurence's supporting brain agility and mental well-being include: Chess Club, Sudoku challenges at wet break times, problem solving strategies, strategy mind agility, brain gym, word games, crosswords, ... For some hard-to reach children who lack self esteem extra provision is made: for example, visits by a 'Pat Dog' to encourage calming and sensory support, extra 1-1 swimming support, horse-riding for targeted pupils who have been identified requiring further nurturing. Yoga provision is given to those targeted children who are in need of emotional support. Encouraging activities promoting and enhancing good self esteem and confidence are supported. We have specific resources available.

Celebrating positives and successes

We use many tools to positively highlight supportive practice; from well done moments, special mentions, The St Laurence Courtesy Cup, random acts of kindness, HT special pencils, Good Moments Book, KS1 Star behaviour system,... to the 'End of Day' positive feedback for those children who dwell on one small negative in whole day of positive moments. A 'can do' positive, pro-active and motivated ethos is a large component supporting well-being and mental health.

Listening is actively encouraged as a key skill

Having an open door policy is key; from HT through all staff explicitly being available, door open, ...to implicit listening to and noticing vulnerability, lack of well-being, helps promote the feeling that all stakeholders are looking out for each other- encouraging Mindfulness.

Self-esteem enhancers

Through whole school focus of Values (Collective Worship and assemblies) and noticing personal strengths, various features help promote well-being and confidence: for example, letting a child know small details of that child have been kept in mind, help individuals feel special-they have been noticed/valued.

Environments promoting Mental Health

Reflective areas, quiet spaces in classrooms, soft zones (in the Library, Music room, the garden, Forest School area, The Terrace outside and pop-up outdoor classrooms, etc.) give time out spaces to reflect, think and reconsider mindfulness and offer spaces for thinking time; a quiet space. Specialised calming resources are readily available.

Key responsibilities

Whilst all staff have a responsibility to promote the mental health and well-being of all, staff with key roles include:

SM(HT) Designated CP safe-guarding lead	JP LAC lead	HS Learning Mentor/Mental Health lead
CM (DHT) Designated CP safe-guarding lead	AR SENCo	
PSHE responsibility of all staff	All staff	KH JP (HS) ELSA
KN KT administrators, with responsibility for confidentiality	BA SP first aiders/inhaler/asthma	RB Counsellor

It should also be noted, every individual has friends or key players they are aware of who enhance their well-being and give a direct support system daily within school. Awareness of 'who are your key players/friends/enhancers?' and self awareness and the importance of friendship are key factors.

What to do

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the SENCo, HT, mental health team.

If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection leads; SM, the Head Teacher or CM (DHT).

If the student 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 CAMHS is appropriate, this will be led and managed by SM (HT) and AR (SENCo).

Individual care plans-please refer to SIMs, Medicine Policy, Asthma Portfolio, ADHD medicine awareness...

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 (e.g. Asthma, epic pen, anaphylactic shock procedure, food allergies, etc.)

Medication and any side effects

What to do, and who to contact in an emergency

Children through CAMHS and Woodlands may receive outreach support; this is detailed in the care plan.

MH concern; is a feature of them but should not define them.

Teaching about Mental Health

The skills, knowledge and understanding needed by our students 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 age group but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

PSCHE lessons follow the PSHE Association Guidance to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms.

Regarding Relationship and Sex Education we use Shropshire's RSE project.

Signposting

It is clear, within school we have access to EP, LSAT, SALT, OT, School Nurse, GP, etc. As these clinicians and professionals have the expertise to support our provision within school, including bereavement counselling. For parents requiring support with parenting or issues which are also seen within the home we signpost to other support network agencies such as Hope House (Bereavement and Loss, Parenting team at Shropshire Council for out-reach provision at The Rockspring centre, Ludlow, etc.) for Understanding Your Child courses.

Warning Signs

School staff may become aware of warning signs which indicate a student 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 to HT, SENCo etc.

Possible warning signs include:

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

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

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 student 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 student 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.

Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'

Just as with CP disclosures, sensitivity is paramount.

No promises should be made.

Listen.

All disclosures should be recorded in writing on a [Record of Concern](#) and held on the student's confidential file and shared with HT to add to CPOMS.

This written record should include:

Date

The name of the member of staff to whom the disclosure was made

Main points from the conversation

Agreed next steps - e.g. involvement of parents, professionals, agencies, behaviour support, learning support, etc.

Referral to CAMHS required. EH form.

Confidentiality

We should be honest with regards to the issue of confidentiality.

If we it is necessary for us to pass our concerns about a student on then we should discuss with the student:

Who we are going to talk to ...

What we are going to tell them ...

Why we need to tell them...

We should never share information about a student 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. We have a duty of care with pupils (up to the age of 16) who are in danger of harm to share disclosures with the HT and the mental health lead, this helps to safeguard the person to whom the disclosure was made and to fortify their emotional wellbeing so they are no longer solely responsible for the pupil's disclosure and it ensures continuity of care in their absence and it provides an extra source of ideas and support.

This needs to be explained to the pupil and discussed with them who would be most appropriate and helpful to share this information with.

Parent involvement: Parents must always be informed and pupils may choose to tell their parents themselves.

This can happen in school. Pupils may be given the option of school adults informing parents for them or with them.

If a child gives the key adults in school reason to believe that there may be underlying child protection issues, parents should not be informed, but the child protection leads SM CM must be informed immediately.

Where it is deemed appropriate to inform parents, there needs to be sensitivity. Before disclosing to parents the following questions need to be considered (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 pupil, 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 Mental Health concern; responses may reflect anger, fear or upset during the first conversation. Venting may happen. Listening and a non-confrontational approach is the key. The parent may need time to reflect. Information verbal and written may be given (website/leaflets) to take away where possible. Often it is difficult to take in information whilst coming to terms with the news that has been shared. Parent help-lines and forums may be provided.

Clear means of contacting for further questions and a follow up meeting or phone call right away should be offered. Parents may have questions as they process the information. Each meeting should be briefly recorded and an agreed next step or area of focus for the next meeting can be agreed and kept within the child's confidential record.

Supporting Peers

When a student 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 order to keep peers safe, consideration will be made on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student 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 supported
- Things friends should avoid doing/saying which may inadvertently cause upset
- Warning signs that their friend 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

Learning Mentor

Within St Laurence's, the Learning Mentor under the direction of the HT supports children in the short term as and when issues arise in the learning environment; this may occur through flagging up by a class teacher, request by a parent, via a teacher, or HT, or quickly in response to an incident whereby the child needs immediate support. HT, DHT and CT are informed and may involve in house support through LM. The SENCo may signpost support through CAMHS or Early Help. Parenting support may be required for example.

The HT and DHT have an overview of the children receiving learning mentor support. Termly the children receiving this support are reviewed and always parents are involved directly or indirectly. Regular parent meetings are used to review how the children are coping, feeling and progressing.

CPD

As part of their regular Child Protection training all staff receive regular training about recognising and responding to mental health issues in order to enable them to keep students 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 as part of the SDP.

Inclusivity

A child with Mental Health issues has full access to the curriculum regardless of their concern or condition but total understanding is given to that child to encourage and support them in times of crisis or with engagement in the curriculum.

Skills such as mindfulness and awareness of strengths and positives are supported and encouraged.

Helpful support-

"If you talk slowly, I will understand quickly."mantra to calm a child.

Change of face strategy can give a child the break they need from the challenge, room, person, peer they are struggling with.

Time out, soft zones are built into their coping mechanisms; enabling the child to independently find a calming place.

Diary/blogs/podcasts to talk to are available- Reflection can be supported by these strategies/resources.

Giving children ownership of managing their feelings and an outlet to control things when they feel out of control can help; ICT, art, making 3D miniature rooms, having a special box, a travel box,

Websites activities can help; Plan a room, jacksonpollock.org, wordart, single point perspectives drawing.

Child's choice between two favourable outcomes so they have ownership and control of the choice. This strategy supports later good decision making skills.

December 2020

SM Head Teacher
Governor
SENCo

<p>Keeping Children Safe in Education Statutory Guidance for Schools and Colleges September 2020 Department for Education</p>	<p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912592/Keeping_children_safe_in_education_Sep_2020.pdf</p>
<p>Healthy minds: Chess, Sudoku, battleships strategies, strategy mind agility, brain gym, word games, crosswords,</p>	<p>Listening Having open door policy</p>
<p>Who takes care of the HT? All stakeholders inclusion</p>	<p>Self esteem enhancers; ladybird, values, friendship lessons, Importance of friendship can do, motivators, Well done moments; special mention, Courtesy Cup Random acts of kindness Special pencils, good moments book</p>
<p>Body and self image, ref to RSE project,</p>	<p>End of day positive for those children who dwell on one small negative in whole day of positive Keeping small details of that child in mind-they have been noticed/valued</p>
<p>Quiet space Terrace; thinking time Outdoor classroom pop up</p>	<p>Small happy moments; like resolution to see friends more, make time, look forward to...</p>
<p>Key personal for you/ key players</p>	<p>MH concern; is a feature of them but should not define them</p>
<p>Bereavement support: in house: Winston's Wish, LM, ELSA team and direct support from Hope House as well as in-house Counsellor</p>	<p>During and Post Covid support– in house, on line support, sign posting to expertise/agencies/outreach support</p>