

Gresham Primary School

Headteacher: Ms Karen Steele

PUPIL MENTAL HEALTH AND EMOTIONAL WELLBEING POLICY

Date: October 2023

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1.0 Policy statement

At Gresham Primary School, we are committed to promoting positive mental health and emotional wellbeing to all pupils, their families and members of staff and governors. Our open culture allows pupils' voices to be heard, and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

2.0 Scope

This policy is a guide to all staff – including non-teaching and governors – outlining Gresham Primary School's approach to promoting mental health and emotional wellbeing.

It should be read in conjunction with other relevant school policies.

3.0 Policy Aims

- Promote positive mental health and emotional wellbeing in all pupils.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in pupils.
- Enable staff to understand how and when to access support when working with young people with mental health issues.
- Provide the right support to pupils with mental health issues, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst pupils and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and pupil welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

4.0 Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of pupils, however key members of staff have specific roles to play:

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- Mental Health Leads (Karen Steele and Tracey Butler Kemp)
- Gresham's Wellbeing Governor (Tracy Evans)
- Designated Safeguarding Lead (Tracey Butler Kemp)
- Gresham's Safeguarding Governor (Paul James)
- SENCO (Julie Gough)
- PSHE Coordinator (Julie Gough)
- Pastoral Staff (those delivering support and intervention)

If a member of staff is concerned about the mental health or wellbeing of pupil, in the first instance they should speak to the mental health leads.

If there is a concern that the pupil is high risk or in danger of immediate harm, the school's child protection procedures should be followed.

If the child presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

5.0 Individual Care Plans

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through Children and Adolescent Mental Health Services (CAMHS) or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

Elements of this plan include:

- Details of the pupil's situation/condition/diagnosis
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role the school and specific staff

Pupils who are experiencing mental health/wellbeing difficulties, but do not have a diagnosis and/or not severe enough to require outside support, should be recorded on Gresham's Wellbeing Register and given the appropriate support.

To ensure referring pupils to CAMHS is effective, staff follow the process below:

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- Use a clear, approved process for identifying pupils in need of further support
- Document evidence of their social, emotional, mental health (SEMH) difficulties
- Encourage the pupil and their parents to speak to the pupil's GP
- Work with local specialist CAMHS to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CAMHS in determining whether a pupil needs their services
- Have a close working relationship with the local CAMHS specialist
- Consult CAMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CAMHS

6.0 Teaching About Mental Health

The skills, knowledge and understanding our pupils need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHE curriculum. Gresham Primary School follows the LifeWise scheme of work.

Staff are also encouraged to utilise guidance issued by the PSHE Association which prepares teachers to teach about mental health and emotional health safely and sensitively.

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and-emotional-wellbeing>.

7.0 Signposting

We will ensure that staff, pupils and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school (corridor displays etc.) and through our communication channels (newsletters and website), we share and display relevant information about local and national support services and events.

The aim of this is to ensure pupils understand:

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

8.0 Sources of Support at School and in The Local Community

School Based Support

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Gresham Primary School currently provides three forms of mental health programmes designed to support the emotional needs of our pupils, focusing on prevention, early intervention and recovery.

ELSA (Emotional Literacy Support Assistants)

Gresham Primary School has two trained **E**motional **L**iteracy **S**upport **A**ssistants that were trained by a team of Educational Psychologists (EP) and who receive ongoing termly supervision from the EP team to support them with their work. The ELSA programme was originally developed by Educational Psychologist, Shelia Burton. It was designed to support the emotional needs of pupils and recognised that children learn better when they are happier and their emotional needs are being met. The ELSA program aims to support pupils who need help with their emotions, anger management, social skills, resilience, and self-esteem.

LEGO® Therapy

LEGO therapy is a social development programme which helps children with social and communication difficulties. It was created by Clinical Neuropsychologist Dr Dan LeGoff as a way of getting pupils to socialise appropriately.

It aims to develop and reinforce play skills and social skills such as:

- Verbal and non-verbal communication
- Joint attention
- Task focus
- Sharing and turn-taking
- Collaborative problem-solving

Draw and Talk Therapy

Draw and Talk is a technique for use with children and who have suffered trauma or have underlying emotional difficulties affecting their mental health and well-being. Draw and Talk therapy supports those who are not realising their full potential either socially or academically. This therapy technique is designed to let a child process his or her feelings internally, in a safe environment and at their own pace.

How do the children access this support?

These interventions are usually recommended by the school if we identify a child in need of support. Contact is made with parents and carers, and consent is requested. Parents may request support for their child; however, the school will decide whether the therapy is necessary, which intervention is most appropriate or whether other avenues of support should be explored.

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Local Support

In Croydon, there are a range of organisations and groups offering support, including the **CAMHS partnership**, a group of providers specialising in children and young people's mental health wellbeing. These partners deliver accessible support to children, young people and their families, whilst working with professionals to reduce the range of mental health issues through prevention, intervention, training and participation.

9.0 Warning Signs

Staff may 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 alert the mental health leads.

Possible warning signs, which all staff should be aware of include:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space
- 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
- Unusual behaviour (out of character)
- Skipping PE or getting changed secretly

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- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

10.0 Targeted support

We recognise some children are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We ensure timely and effective identification of pupils who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
- Working closely with Croydon Council Children's Services, Croydon CAMHS and other agencies services to follow various protocols including assessment and referral;
- Identifying and assessing in line with the Early Help Assessment Tool (EHAT), children who are showing early signs of anxiety, emotional distress, or behavioural problems;
- Discussing options for tackling these problems with the child and their parents/carers;
- Agreeing an Individual Care Plan as the first stage of a 'stepped care' approach;
- Providing a range of interventions that have been proven to be effective, according to the child's needs;
- Ensuring pupils have access to pastoral care and support, as well as specialist services, including Croydon CAMHS, so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- Providing pupils with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;
- Providing young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and
- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

11.0 Managing Disclosures

If a pupil chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental.

All disclosures should be recorded confidentially on the pupil's personal file, including:

- Date
- Name of member of staff to whom the disclosure was made

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- Nature of the disclosure & main points from the conversation
- Agreed next steps

This information will be shared with the mental health leads.

12.0 Confidentiality

If a member of staff feels it is necessary to pass on concerns about a pupil to either someone within or outside of the school, then this will be first discussed with the pupil. We will tell them:

- Who we are going to tell
- Why we need to tell them
- What we are going to tell them
- When we're going to tell them

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the pupil. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support. Parents must be informed.

If a pupil gives us reason to believe that they are at risk, or there are child protection issues, child protection procedures should be followed.

13.0 Whole School Approach

13.1 Working with parents/carers

If it is deemed appropriate to inform parents there are questions to consider first:

- Can we meet with the parents/carers face-to-face?
- Where should the meeting take place – somewhere comfortable, not intimidating.
- Who should be present – pupils, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

We encourage all parents to approach the school if their child is displaying any signs of poor wellbeing or mental ill health. We acknowledge that some children do not display difficulties at school, but may demonstrate warning signs at home.

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Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agree are added to CPOMS and an Individual Care Plan created if appropriate.

13.2 Supporting Parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.);
- Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses or other appropriately trained health or education practitioners; and
- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.

14.0 Supporting Peers

When a pupil 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. Support will be provided in one to one or group settings and will be guided by conversations by the pupil 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;

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- How friends can best support;
- Things friends should avoid doing / saying which may inadvertently cause upset; and
- Warning signs that their friend needs 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; and
- Healthy ways of coping with the difficult emotions they may be feeling

15.0 Training and Essential Knowledge for Staff

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 to enable them to keep pupils safe. The Mental Health Leads will receive professional Mental Health training.

We will host relevant information on our website for staff who wish to learn more about mental health. The MindEd learning portal and Place2B 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 the performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more pupils.

Suggestions for individual, group or whole school CPD should be discussed with the mental health leads who can also highlight sources of relevant training and support for individuals as needed.

Staff members are aware of the following:

- Factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems
- The fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties

Staff members understand the following:

- Familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties
- What indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude

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- Where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.
- Persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the headteacher ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing school counselling. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.

Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of SEMH difficulties; however, **only medical professionals** will make a diagnosis of a mental health condition.

Staff members are mindful that some groups of pupils are more vulnerable to mental health difficulties than others; these include looked after children (LAC), pupils with SEND and pupils from disadvantaged backgrounds.

Vulnerable groups

Some pupils are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

Staff are aware of the increased likelihood of SEMH difficulties in pupils in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- LAC
- Post looked after children (PLAC)
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium

These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable pupils.

Children in need, LAC and PLAC

Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers.

Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.

Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most pupils.

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School staff are aware of how these pupils' experiences and SEND can impact their behaviour and education.

The school uses multi-agency working as an effective way to inform assessment procedures.

Where a pupil is being supported by LA children's social care services (CSCS), the school works with their allocated social worker to better understand the pupil's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.

When the school has concerns about a looked-after child's behaviour, the designated teacher and virtual school head (VSH) are informed at the earliest opportunity so they can help to determine the best way to support the pupil.

When the school has concerns about a previously looked-after child's behaviour, the pupil's parents/carers or the designated teacher seeks advice from the VSH to determine the best way to support the pupil.

Adverse childhood experiences (ACEs) and other events that impact pupils' SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in pupils' lives, such as the following:

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.
- **Life changes:** This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
- **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- **Other traumatic incidents:** This may include natural disasters or terrorist attacks.

Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

The school supports pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems.

Support may come from the school's existing support systems or via specialist staff and support services.

SEND and SEMH

The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the SEND Policy.

Where pupils have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties are significantly more likely to experience anxiety.

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Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the pupil's SEND.

The headteacher considers the use of a multi-agency assessment for pupils demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse effect on the pupil.

The school recognises that not all pupils with mental health difficulties have SEND.

The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the school, regardless of whether or not a pupil has SEND).

All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties.

The SENCO ensures that staff understand how the school identifies and meets pupils' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

The table below displays common risk factors for SEMH difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

	Risk factors	Protective factors
In the pupil	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Secure attachment experience • Outgoing temperament as an infant • Good communication skills and sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the pupil's family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationships or the absence of severe discord

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	<ul style="list-style-type: none"> • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	
In the school	<ul style="list-style-type: none"> • Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer-on-peer abuse • Poor pupil-to-teacher/school staff relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil-to-teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and child protection policies. • An effective early help process • Understand their role in, and are part of, effective multi-agency working • Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively
In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

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The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

Stress and mental health

The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal' stress and more persistent mental health problems.

Serious cases of SEMH difficulties are referred to CAMHS.

16.0 Policy Review

This policy will be reviewed every two years as a minimum. The next review date is October 2025

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In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of the Mental Health Leads.

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Signed by:

Chair of Governors: Date:

Head Teacher: Date:

Agreed at the Governing Body Meeting on:

Minute Reference: