Longman's Hill Community Primary School Mental Health Policy

Policy Statement

At Longman's Hill Primary School, we are committed to fostering an environment where every child's emotional, social, and mental wellbeing is nurtured. We pride ourselves in developing resilience, self-esteem, and a strong sense of belonging in all our pupils. Our school community is highly inclusive; acceptance and empathy are at the heart of all we do. We celebrate each child's unique identity, offering access to understanding and support so that all may flourish. We guide our pupils in nurturing their emotional and mental health, helping them to navigate life's challenges with strength and confidence. We hold high expectations for each individual.

In our caring, supportive and understanding school community, we aspire to empower our pupils to grow into resilient, compassionate individuals, ready to embrace the opportunities and challenges that lie ahead.

We are dedicated to providing a space where kindness and wellbeing shape our school community, guiding each child to thrive academically, emotionally, and mentally.
We promote positive behaviour through restorative practices and give children the opportunity to reflect on difficult situations. Teachers work hard to build positive relationships with all children and lead their classrooms with compassion. We promote healthy habits for mental health and support children to make good choices to help them feel better. We are a *Thrive* school which means that we assess all children on roll every term for any gaps in their emotional development and offer support either individually, in groups or as a whole class approach to ensure children's emotional wellbeing is not holding them back in their learning. This complements our restorative behaviour approach and policy where we always ensure that children are listened to and given the time to reflect on and learn from any incidents which occur in school. As a team, all teachers are aware of individual children's needs and put in place reasonable adjustments to allow them to cope with the school day. The whole staff team are committed to promoting a culture of positive mental health and wellbeing for the whole community.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff, including non-teaching staff and governors.
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.

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents or carers

Lead Members of Staff- Pastoral Support Team

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:
Mrs J Elcock - Designated Safeguarding Lead / Mental health lead
Mrs L Rhodes- Deputy Designated Safeguarding Lead
Miss L Nicklin- SENCo / Licensed Thrive Practitioner
Mrs Z Gash- Pastoral Lead / Licensed Thrive Practitioner
Mrs H Thoelen- PSHCE Lead
Mr R Taylor- Safeguarding Governor

Identifying the warning signs

At our school, we pride ourselves in knowing our children and families well, and staff may notice changes in pupils' behaviours, attitudes or routines. School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. Additionally, we profile every pupil termly using a Thrive profile - this may also flag concerns.
Possible warning signs include:

Physical or Behavioural Indicators

- Physical signs of harm that are repeated or appear non-accidental
- Changes in clothing – e.g., long sleeves in warm weather
- Poor personal presentation
- Secretive behaviour
- Skipping PE or getting changed secretively
- Daydreaming
- Lethargy / apathy
- Restlessness / over-activity
- Impulsivity
- Challenging behaviour
- Non-compliance
- Physical aggression
- Verbal aggression

Emotional or Mental Health Indicators

- Anxiety
- Low mood
- Being withdrawn
- Isolating themselves
- Speech anxiety / reluctance to speak
- Expressing feelings of failure, uselessness or loss of hope
- Mood swings
- Disproportionate reactions to situations
- Perceived injustices
- Low self-worth
- Refusing to accept praise

Social or Relationship Difficulties

- Increased isolation from friends or family; becoming socially withdrawn
- Unable to make and maintain friendships
- Avoiding acceptable level of risk
- Unable to make choices/ decisions

School Related Signs

- Lowering of academic achievement
- Lateness to or absence from school
- Failure to engage in lessons
- Task avoidance
- Difficulties with change / transitions

Lifestyle or Routine Changes

- Changes in eating or sleeping habits
- Abusing drugs or alcohol
- Repeated physical pain or nausea with no evident cause

Risk Related Indicators

- Talking or joking about self-harm or suicide

Managing disclosures

A pupil 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 pupil 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-judgmental.
Staff should listen rather than advise and their first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'
All disclosures should be recorded in writing and held on the pupils' CPOMS record.
This information should be shared with the Designated Safeguarding Lead, who will review the record appropriately and offer support and advice about next steps.

Reporting concerns

The warning signs described within this policy should always be taken seriously and staff observing any of these warning signs should communicate their concerns with a member of the Pastoral Support team. If there is a fear that the child is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead. In the absence of both, staff should make a referral to MAST; the contact details are displayed on the safeguarding display in the staffroom. If a child presents as 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 the SENCo.

Confidentiality

Confidentiality is important but sometimes it is vital for staff to share information with other relevant parties to safeguard a child. If it is necessary for us to pass our concerns about a pupil on, then we will discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We will never share information about a pupil 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.
Staff should always share disclosures with the Designated Safeguarding Lead; concerns must always be recorded using CPOMS. Sharing information not only safeguards the child but can also support staff emotional wellbeing, as they are no longer solely responsible for the pupil.
Parents must always be informed of concerns regarding a child's welfare, although pupils may choose to tell their parents themselves. If appropriate, school staff can be present, if a child wishes, to support them communicating with their parents.
If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, and the Designated Safeguarding Lead must be informed immediately.

Our Graduated Response to supporting and promoting positive mental-health and wellbeing.

"Mental health is a state of wellbeing 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 his or her community." (World Health Organisation 2014)

At our school, we aim to promote positive mental health for every member of our staff and pupils. We pursue this aim through:

- A universal (primary care) offer for every pupil in school
- Early targeted support for pupils requiring a more individual level of support
- Specialised, targeted support (often from specialist professionals) for the most vulnerable pupils.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. See Appendix 1 for some diagnosable mental health issues.
By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

	Support available
Tier 1 UNIVERSAL - Offer for **all** pupils (Primary care)	• Relational practice, trauma-informed behaviour policy • Thrive profiling termly • Whole-class 'right time' Thrive • Our PSHCE Curriculum • 5 Ways to Wellbeing • RSE curriculum • SENDCo access • General pastoral support • Emotional 'check-in' registers- whole class daily

	• Communication with parents • Mindfulness activities • Outdoor playtimes / PE sessions / outdoor learning/ Forest School • Daily mindfulness breathing activity in every class • Strong emphasis on building relationships with trusted adults in school • Our school dog Maya to enhance a feeling of wellbeing • Signposting of resources / support groups
Tier 2 EARLY TARGETED SUPPORT	• Group or individual Thrive support (Woodland group) • Individual support plans for mental health • Additional parent meetings with SENDCo / Headteacher • Selby SEND Hub advice • Pre-emptive preventative approach / reasonable adjustments within the school day • Directing parents towards support groups. • Behaviour logs on CPOMS • NYES parent SEMH course • 1:1 check-ins from pastoral Lead • Access to Woodland Room • Use of regular, timetabled brain-breaks • Use of sensory circuits • Pastoral Lead support with a specific focus eg attachment, bereavement • Staff use of North Yorkshire's Early Identification Teacher toolkit • Soft start at the start of the school day with Pastoral Lead
Tier 3 FURTHER TARGETED SUPPORT- EXTERNAL PROFESSIONALS	• Selby SEND Hub individual referral • ECHAR • EHCP annual review • CAHMS referral • Contribution to diagnostic forms for CAHMS or other organisations • Compass Phoenix referral • Healthy child emotional resilience referral • Early Help referral • Work with health visitors / SALT • SALT referral • ESMA (Educational support for medical absence)
Tier 4 SPECIALIST TARGETED SUPPORT	• An intensive period of support from a local behaviour support service (e.g. PRU) • Tailored guidance and support from behaviour support teams • A bespoke, personalised learning experience with multi-agency and parent/carer support • Bespoke support that is tailored to the needs of the child/young person, with planned and significant involvement from multi-agencies who are involved in supporting the child/young person and the family • Specialised medical support team involvement eg eating disorders, suicide prevention
Tier 5	Referral to MAST (multi-agency safeguarding hub) CYPMSH crisis team

Informing Parents about our Concerns

Where it is deemed appropriate to inform parents, we will be sensitive in our approach.
It can be shocking and upsetting for parents to learn of their child's mental health issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.
Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums. We will always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call, as parents often have many questions as they process the information. At the end of the meeting or phone call, we will agree next steps and always keep a brief record of the meeting on the child's CPOMS record.

Signposting Parents to Support

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.
Parents and staff can find helpful sources of information through the links below:

Thegoto.org.uk
Northyorkshireconnect.org.uk
https://www.youngminds.org.uk/parent/parents-helpline/
https://www.papyrus-uk.org/
https://www.tewv.nhs.uk/services/camhs/wellbeing-mind-school-support-young-yorkshire/
https://www.minded.org.uk/
https://northyorkshireccg.nhs.uk/your-health-and-local-services/children-and-young-people/children-and-young-peoples-mental-health/
https://semh.co.uk/
https://www.northyorks.gov.uk/children-and-families/send-local-offer

Supporting Staff Wellbeing

Longman's Hill CP School is committed to promoting and sustaining staff wellbeing through a proactive, supportive and responsive approach.

The Governing Body and Senior Leadership Team (SLT) monitor staff wellbeing through an anonymous survey, the outcomes of which are fed back to staff and used to inform specific actions incorporated into the annual School Development Plan (SDP).

SLT regularly review the use of directed time to ensure workload is manageable and, where possible, substantial administrative tasks are completed within staff meeting time. Additionally, one staff meeting per term is allocated for staff to complete their self-chosen admin. Staff are provided with subject leader time during the school day, in staff meetings and on training days, and dedicated time is given for writing end-of-year reports. Termly safeguarding training also takes place within directed time. Administrative, planning and assessment expectations are reviewed collaboratively with staff to ensure relevance, efficiency and clarity, and tasks are streamlined where appropriate.

Staff may choose to take part in the Secret Staff Buddy Scheme, which offers additional peer-based wellbeing support. The leadership team make full use of North Yorkshire Council HR procedures to support colleagues during or following challenging periods, including phased returns and adjusted

responsibilities. Staff also have access 24/7 to Health Assured - an anonymous, free support service. Staff who deal with the highest level of safeguarding and wellbeing concerns for pupils, are offered supervision to support their own wellbeing.

To be reviewed (Three years) – March 2029

Appendix 1

Common SEMH difficulties

Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

• Generalised anxiety disorder: This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.

• Panic disorder: This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.

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

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

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

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

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

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

• Major depressive disorder (MDD): A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.

• Dysthymic disorder: This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders: Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

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

• Hyperkinetic disorder: This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

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

• Opportunity to establish a close relationship with a primary caregiver.

• The quality of caregiving.

• The child's characteristics.

• Family context.

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

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

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

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