

Intake Farm Primary school

Mental Health policy



## 1. Introduction/Background

As a school, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches, and for vulnerable pupils we use specialised, targeted approaches.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. One in six children are identified as having a probable mental health problem, that's five in every classroom (Young Minds, 2021). By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health.

The World Health Organisation defines mental health as: “a state of mental well-being that enables people to cope with the normal stresses of life, realise their abilities, learn well and work well, and contribute to their community.”

This policy describes Intake Farm's approach to promoting positive mental health and wellbeing and 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 our Special Educational Needs and Disabilities (SEND) policy where a pupil has an identified special educational need.

## 2. Aims

Intake Farm is committed to supporting the mental health and wellbeing of pupils, staff and other stakeholders. This policy focuses on pupils' mental health and aims to:

- set out the school's approach to promoting positive mental health and wellbeing;
- increase understanding and awareness of common mental health issues;
- support staff to identify and respond to early warning signs of mental ill health;
- provide guidance to staff on their role in supporting pupils' mental health and wellbeing;
- provide support to pupils suffering mental ill health and their peers and parents/carers, including access to resources.

## 3. Lead members of staff

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

- Mrs L Gibson – Senior Mental Health Lead
- Mrs H Cox – Head teacher and Designated Safeguarding Lead (DSL);
- Mrs K Bond – Deputy Head Teacher, Special Educational Needs Co-ordinator (SENCo) and Designated Safeguarding Lead (DSL) ;
  - Miss S Brough - DSL
- Mrs W Lawlor - Mental Health First Aider;
- Miss V Eyley – Family Support Officer and DSL
- Mrs W Lawlor, Mrs L Whitehead, Miss V Shakespeare and Mrs L Toon – ELSA practitioners.

#### 4. Warning Signs

All staff will be on the lookout for signs that a pupil's mental health is deteriorating. These warning signs should always be taken seriously and staff observing any of these signs should communicate their concerns to the DSL. Possible warning signs include:

- physical signs of harm that are repeated or appear non-accidental;
- changes in eating or sleeping habits;
- increased isolation from friends or family, becoming socially withdrawn;
- changes in activity, energy level or mood;
- changes in attitude in lessons or academic attainment;
- talking or joking about self-harm or suicide;
- abusing drugs or alcohol;
- rapid weight loss or gain
- expressing feelings of failure, hopelessness, worthlessness, anxiety or loss of hope;
- inappropriate clothing, e.g. long sleeves in warm weather;
- secretive behaviour;
- skipping PE or getting changed secretly;

- changes in level of personal hygiene;
- repeated physical pain or nausea with no evident cause;
- an increase in lateness or absenteeism.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the DSL and/or SENCo in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding procedures should be followed. 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.

Where a referral to the Child and Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by the SENCo or DSL in liaison with parents/carers and, where appropriate, the school nurse or the child's GP.

## 5. Managing Disclosures and Confidentiality

If a pupil makes a disclosure about themselves or a peer to a member of staff, that staff member should remain calm, non-judgmental and reassuring.

Staff will focus on the pupil's emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice. This will mean they will listen rather than advise.

Staff will be honest with regards to confidentiality and be clear that it is necessary to pass on concerns about a pupil. This will usually be to the DSL, but staff will explain what information they will share, with whom and why they need to share it.

Parents/carers will be informed of mental health concerns unless there is a safeguarding concern. In this case, the school's Safeguarding and Child Protection policy will be followed.

Staff will always follow our school's Safeguarding and Child Protection policy and pass on all concerns to the DSL. All disclosures are recorded on CPOM's.

## 6. Supporting Pupils

As part of our school's commitment to promoting positive mental health and wellbeing for all pupils, we offer support to all pupils by:

- raising awareness of mental health during assemblies, circle time and PSHE
- taking part in the national mental health awareness week

- signposting all pupils to sources of online support on the school website
- providing pupils with ways to provide feedback on elements of the school that is negatively impacting their mental health
- appointing a Senior Mental Health Lead with a strategic oversight of our whole school approach to mental health and wellbeing
- offering pastoral support
- making classrooms a safe space

If a pupil is identified as having a mental health need, we will take a graduated and case by case approach to assessing the support we can provide, in addition to the support listed above. This additional support will be tailored to their needs and may include:

mental health interventions

nurture groups

reduced timetable

brain breaks

Zones of regulation

Worry boxes in every classroom

If a pupil's needs cannot be met by the internal offer our school provides, we will make, or encourage parents/carers to make, a referral for external support. This could be to:

- their GP
- a paediatrician
- CAMHS (Nottinghamshire)
- Nott Alone ([www.nottalone.org.uk](http://www.nottalone.org.uk))
- mental health charities, such as Samaritans, Young Minds or Be U Notts ([www.kooth.com](http://www.kooth.com))
- local counselling services including Talking Therapies.
- the Connected Care Network

## Individual Healthcare Plans (IHPs)

The school may, in consultation with the parents/carers and healthcare professionals, agree that an Individual Healthcare Plan (IHP) is appropriate. IHPs are intended to support pupils with physical or mental health conditions to manage those conditions, usually when there is a high risk that emergency intervention will be needed. They lay out what needs to be done, when and by whom, capturing the key information and actions that are required to support the pupil effectively. Not all children with mental health needs will require one. If consensus cannot be reached as to whether an IHP is appropriate and proportionate, the Headteacher will make the final decision. IHPs will be reviewed at least annually, or earlier if evidence is presented that the pupils' needs have changed. More information is available in the DfE's 'Supporting pupils at school with medical conditions' guidance.

## Risk Assessments

When there is a high risk of harm to a pupil, their peers or staff as a result of a mental health condition, the school may draw up a risk assessment with involvement from the pupil, parents/carers and relevant health professionals. This will include details of the identified risk(s) and safety measures to manage the risk. A template risk assessment is provided in the annexes of the Trust Safeguarding and Child Protection policy.

## 7. Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE/RSE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort being taught, but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance, 'Teaching about mental health and emotional wellbeing', to ensure that we teach about mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## 8. Signposting

We will ensure that staff, pupils and parents/carers are aware of relevant sources of support within school and in the local community. Further information and sources of

support for common mental health issues are outlined in Appendix 1 and on the school website.

We will advertise relevant sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- what help is available;
- who it is aimed at;
- how to access it;
- why to access it;
- what is likely to happen next.

If pupils or parents/carers are seeking further information on what support is available, please contact the school's DSL in the first instance.

## 9. Working with Parents/Carers

Where it is deemed appropriate to discuss concerns with parents/carers, we will be sensitive in our approach. It can be shocking and upsetting for parents/carers to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We will be accepting of this (within reason) and give the parents/carers time to reflect.

We will highlight any further sources of information, as parents/carers can find it hard to take much in whilst coming to terms with the news being shared. Sharing sources of further support aimed specifically at parents/carers can also be helpful too, e.g. parent helplines and forums.

We will always provide a clear means of contacting school with further questions. Each meeting will finish with agreed next steps and a record of the meeting will be kept on the child's confidential safeguarding record.

Parents/carers are often very welcoming of support and information from school about supporting their children's emotional and mental health. In order to support parents/carers we will:

- highlight sources of information and support about relevant mental health issues;
- ensure that all parents/carers are aware of who to talk to and how to get relevant information if they have concerns about their child;
- make our mental health policy easily accessible to parents/carers;

- share ideas about how parents/carers can support positive mental health in their children;
- keep parents/carers informed about the mental health topics their children are learning about at school and share ideas for extending and exploring this learning at home.

## 10. Training and Support for Staff

As a minimum, all staff will receive training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

The MindEd learning portal ([www.minded.org.uk](http://www.minded.org.uk)) provides free online training suitable for staff wishing to know more about a specific issue.

We recognise that supporting a pupil who is experiencing poor mental health can affect staff's own mental health and wellbeing. To help with this we will ensure that we create a pleasant and supportive work environment, treat all mental health concerns seriously and support staff experiencing poor mental health themselves.

## **Appendix 1**

### **Further information and sources of support about common mental health issues**

#### **Prevalence of Mental Health and Emotional Wellbeing Issues<sup>1</sup>**

- One in five children and young people aged 8 to 25 were identified as having a probable mental health condition in 2023., This number has been rising since 2017. That's six children in every classroom.
- The number of children and young people referred to emergency mental healthcare rose by 10% between 2023 and 2024, with many of these young people being stuck on waiting lists for support for months and years.
- Suicide was the leading cause of death for people aged 5-35 in England in 2022; around three quarters were boys or young men.
- Almost one third of 17-24 year olds have self-harmed or attempted to self-harm at some point; this rises significantly to 69.5% of young people with a probable mental health condition.
- The cost of living in the UK places a huge strain on the mental health of young people, with a huge 90% worrying about earning enough money to support themselves.

Below we have signposted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website.

Some pages are aimed primarily at parents but may also be useful for school staff.

Support on all of these issues can be accessed via Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and, for e-learning opportunities, Minded ([www.minded.org.uk](http://www.minded.org.uk)).

#### **Self-harm**

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses

in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk)

National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk)