

## Emotional Well-Being and Mental Health Policy September 2024

At Airedale Infant School it is our aim to create *confident* individuals who are able to communicate effectively and make decisions that enable them to live safe, healthy and fulfilling lives, promoting positive mental health and well-being. It is widely recognised that a child's emotional health and well-being influences their cognitive development and learning, as well as their physical and social health and their mental well-being in adulthood. The department for Education recognises that, in order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy:

***"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, can work productively and fruitfully, and is able to make a contribution to her or his community."*** (World Health Organization 2014)

At Airedale Infant School, we aim to promote positive mental health for all stakeholders. This includes every child, their parents/carers and our staff. We pursue this goal using both universal, whole school approaches and specialised, targeted approaches for identified vulnerable pupils and families.

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, however at Airedale Infant School it is identified that many classrooms have a higher number of children than this. We recognise as a school that by developing and implementing practical, relevant and effective mental health procedures we can promote a safe and stable environment for children affected both directly, and indirectly by mental ill health.

See **Appendix 1** for information and additional support about mental health illnesses.

This policy describes the school's approach to promoting positive mental health and well-being and is intended as guidance for all staff including non-teaching staff and the Academy Council. It should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational need and the Safeguarding Policy in relation to prompt action and wider concerns of vulnerability.

### **Ethos**

At Airedale Infant School, we aim to promote positive mental health and well-being for our whole school community (children, staff, parents and carers), and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health. We recognise that children's mental health is a crucial factor in their overall well-being and can affect their learning and achievement.

We take a whole school approach to promoting positive mental health that aims to help children become more resilient, happy and successful and to prevent problems before they arise. This encompasses seven aspects:

1. Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands.

2. Helping children to develop social relationships, support each other and seek help when they need it.
3. Helping children to be resilient learners.
4. Teaching children social and emotional skills and an awareness of mental health.
5. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents and carers including providing opportunities to develop their own knowledge and understanding around emotional well-being and mental health.
7. Supporting and training staff to develop their skills and their own resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

The seven identified principles will underpin the approaches used to support the development and integration of well-being strategies within Airedale Infant School. The policy and curriculum delivery will be tailored to promote the key aspects of promoting and protecting emotional well-being and mental health. It will focus on creating a socially, emotionally and physically rich environment where key relationships can thrive and children can feel secure in their learning. We will exploit every opportunity through our curriculum to help the children develop the physical and mental strength to be successful and happy.

Staff will have access to training and signposting to approaches and resources that will support their own emotional health and well-being with an aim to foster team work and create solidarity.

All staff have a responsibility to promote the mental health and emotional well-being of our school community. Staff with a specific, relevant responsibility includes:

- Mrs Kirsten McKechnie - Headteacher
- MRs Sarah Goldsworthy - Designated Safeguarding Lead
- Miss Claire Lovelock - SEND Lead
- Mrs Jemma Whitney - Behaviour Lead
- Mrs Linda Wells, Mrs Julie Ellis, Lisa Hooley & Mrs Emma Bradney- Learning Mentor

### **Pupil Identification**

Well-being measures include staff observations focusing on any changes in behaviour, attention and presentation will feed into the identification process as well as any communication from the pupils regarding their emotions and feelings. Every classroom has an emotional register which all pupils' access every day. Any member of staff who is concerned about the mental health or well-being of a child should speak to the Inclusion Lead in the first instance. If there is a fear that the child is in danger of immediate harm then the normal safeguarding procedures should be followed. If the child

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 well-being issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns to the Safeguarding Team 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 secretly
- 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 well-being of all pupils through:

- A strong school ethos which empowers tolerance and respect, including respect for difference and diversity
- Developing a Growth Mindset in our school community
- Personalised Social Skills Curriculum
- 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
- Recognising the background of individual pupils 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
- Opportunities for reflection and spiritual development through art, literature and the RE curriculum

- Having nurture groups for general well-being as well as specific mental health, such as interventions dealing with anxiety or emotions

Where a referral to CAMHS is appropriate, this will be led and managed by Miss Lovelock.

Individual SEN support plans will identify any individual support for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil (**one page profile**), the parents and relevant health professionals and recorded in the section (**Individual Health Care Plan In relation to DFE statutory guidance 2015**) having links to individual behaviour plan and risk assessments. The plan will 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

### **Staff Identification**

At Airedale Infant School, we recognise that our staff are our most important resource and are valued, supported and encouraged to develop personally and professionally within a caring, purposeful learning community. We recognise that there is a direct correlation between the well-being of our staff and the well-being of our pupils and that the culture and ethos of a school are determined by the extent to which staff work towards a shared vision. We believe that is essential that all staff feel part of a valued team, have the opportunity to express their views and are supported to manage their workload within a culture that supports a healthy work-life balance. We support the emotional well-being and mental health 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

### **Training**

As a minimum, all staff will receive regular training about recognising and responding to emotional and 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 developing situations with one or more pupils.

### **Working with All Parents and Carers**

Parents are often very welcoming of support and information from the school about supporting their children's emotional well-being and mental health.

In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website and school newsletter.
- Ensure that all parents are aware of who they can talk to, and how to get the support they need if they have concerns about their own child or a friend of their child.
- Make our emotional well-being and mental policy easily accessible to parents.
- Share ideas about how parents can support positive mental health in their children through our regular review meetings.
- Keep parents informed about the mental health topics their children are learning about in Social Skills lessons and share ideas for extending and exploring this learning at home.
- Provide opportunities for parents to develop their knowledge and understanding through events such as workshops run by external professionals.
- Provide support for parents to access support for their and/or their child's emotional well-being and mental health including providing access to a phone, providing a private space and signposting to support.

### **Monitoring and Evaluating**

The emotional well-being and mental health policy is on the school website and hard copies are available to parents and carers from the school office.

The policy is monitored and reviewed annually by the Inclusion Lead in consultation with external professionals, school staff, pupils and parents.

### **Appendix 1: Further information and sources of support about common mental health issues**

#### **Prevalence of Mental Health and Emotional Well-being Issues**

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

### **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) **Books**

- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

## **Depression**

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

## **Online support**

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

## **Books**

- Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

## **Anxiety, panic attacks and phobias**

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

**Online support: Anxiety UK:** [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

## **Books**

- Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

## **Obsessions and compulsions**

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms - it is not just about cleaning and checking.

## Online support

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

## Books

- Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

## Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

## Online support

- Prevention of young suicide UK - POPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)
- On the edge: Child Line spotlight report on suicide: [www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/)

## Books

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

## Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

## Online support

- Beat - the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)
- Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eatingdifficulties-in-younger-children](http://www.inourhands.com/eatingdifficulties-in-younger-children)

## Books

- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders? A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbook