



HB – February 2024

## **Carbeile Junior School**

### **Mental Health Policy**

*“Schools have an important role to play in supporting the mental health and wellbeing of children by developing whole school approaches tailored to their particular needs, as well as considering the needs of individual pupils.” Mental Health and Behaviour in Schools (DFE, November 2018).*

Carbeile Junior School is committed to promoting and maintaining the good health and wellbeing, and mental health, of everyone here and we will work together with parents and the local community and appropriate outside agencies to enable pupils to make healthy informed choices and to promote the health, mental health and wellbeing of all.

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## Overview

Carbeile Junior School will do all that we can to promote the Health and Wellbeing, including mental health, of all who learn and work here. We have put into place a number of policies which will be used to promote the health and wellbeing of pupils and staff. These include:

<ul style="list-style-type: none"><li>• SEND</li><li>• Behaviour</li><li>• Attendance</li><li>• RSHE</li></ul>	<ul style="list-style-type: none"><li>• Anti-bullying</li><li>• Safeguarding and Child Protection</li><li>• PE</li><li>• SMSC</li></ul>
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## Objectives

1. To promote life skills across the curriculum so that pupils will learn about mental, emotional, social and physical wellbeing.
2. To ensure that the good health, wellbeing and mental health of all who work in this school is promoted effectively.
3. To ensure that the school has a wide range of appropriate policies and strategies in place to ensure that the good health, well-being and mental health of all and that they underpin everything that we do.

## Strategies

1. We will appropriately promote the health, wellbeing and mental health of pupils across the subjects of the curriculum taking account of their age and stage.
2. Staff will help pupils to acquire the relevant knowledge and understanding of the human body and how it works and of the social and emotional factors that influence health.
3. To have a 'designated leader' (Holly Bridges) and link governor (Sheena Morton) for mental health with responsibility for the oversight of this policy and strategy for ensuring the mental well-being of all in this school.
4. All staff will encourage pupils to make informed choices and take appropriate decisions to help ensure that they understand the importance of a healthy lifestyle that also promotes good mental health.
5. We will foster links between school, home and community and appropriate outside agencies so that all are involved in a collective responsibility for promoting good health and good mental health.
6. We will pay attention to the six areas of health and wellbeing across the curriculum, these will include mental, emotional, social and physical and spiritual wellbeing; planning for choices and changes; physical education and physical activity and sport; food and healthy eating; the dangers of substance misuse and relationships and parenthood.
7. We will promote health and well-being, including the mental health of pupils, staff and all who work in this school.
8. We will ensure that the curriculum, homework, testing and assessment and teaching and learning strategies take account of pupils' well-being and mental health.
9. We will ensure that the health and well-being including mental health of staff is a priority.
10. We will provide safe and healthy working conditions for all in school.

## Key Points and Principles

- At Carbeile Junior School we recognise that we have a central role to play in enabling our pupils to be resilient, and to support good mental health and wellbeing. A consistent whole school approach is essential to promoting positive mental health and wellbeing. As such, we have a Well Being Hub, with an agreed action plan, that meets regularly to organise provision and facilitate learning opportunities.
- Education about relationships, sex and health are important vehicles through which we can teach pupils about mental health and wellbeing.
- **School staff cannot act as mental health experts and must not try and diagnose conditions.** However, there are clear systems and processes in place for identifying possible mental health problems.
- As set out in chapter 6 of the statutory SEND 0-25 years Code of Practice 2015, school needs to be alert to how mental health problems can underpin behaviour issues in order to support pupils effectively. Staff also need to be aware of the duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of disability.
- When staff suspect a pupil may have a mental health problem, they must use the graduated response process (assess-plan-do-review) to put appropriate support in place. There are tools in school to support with this, such as the Strength and Difficulties Questionnaire (SDQ) and the Boxall Profile, which can support in this process.
- It is important that staff at Carbeile Junior School have an understanding of the local services available, including the School Nurse, as well as national organisations. The school's Designated Lead for Mental Health/SENCO ensures that the list of local services available remains up to date.

## Carbeile's responsibilities in relation to Mental Health

*"All schools are under a statutory duty to promote the welfare of their pupils" P6  
Mental Health and Behaviour in Schools*

*(DFE, November 2018).*

At Carbeile we know that early intervention is crucial in supporting pupils. The school role in summary is:

Prevention	<ul style="list-style-type: none"><li>• At Carbeile we have a safe and calm environment for all pupils, staff and visitors.</li><li>• Pupils are taught about mental health and well being through the curriculum and reinforcing this through school teaching and ethos.</li></ul>
Identification	<ul style="list-style-type: none"><li>• Recognising emerging issues as early and accurately as possible</li></ul>
Early Support	<ul style="list-style-type: none"><li>• Helping pupils to access good provision, evidence based early support and interventions.</li></ul>
Access to specialist support	<ul style="list-style-type: none"><li>• Working effectively with external agencies to provide swift access or referrals to specialist support and treatment.</li></ul>
Safeguarding	<p><b>If staff have a mental health concern that is also a safeguarding concern, immediate action must be taken, in line with the school's Safeguarding and Child Protection Policy.</b></p>

## **Creating a whole school culture at Carbeile**

The health and wellbeing of pupils and staff is promoted through the day to day running of the school, including through leadership practice, the school's policies, values and attitudes, together with the social and physical environment.

In addition to this, the health and wellbeing of pupils and staff is further promoted through:

### Teaching

- Using the curriculum to develop pupil's knowledge about health and wellbeing (supported by the Well Being Hub).

### Partnerships

- Working with families and the community
- Proactive engagement with outside agencies and the wider community to promote consistent support.

## **At Carbeile Junior School there is a mentally healthy environment where children have opportunities to:**

- Participate in activities that encourage belonging.
- Participate in decision making.
- Celebrate academic and non-academic achievements.
- Have their unique talents and abilities identified and developed – a range of opportunities for all.
- Develop a sense of worth through taking responsibility for themselves and others.
- Reflect (e.g. Circle Time and Collective Worship)
- Access appropriate support that meets their needs.
- Work with adults who model positive and appropriate behaviours and interactions at all times.
- Access an environment that is safe, clean, attractive and well cared for.

## **At Carbeile Junior School there is a mentally healthy environment where staff:**

- Have their individual needs recognised and responded to in a holistic way.
- Have a range of systems in place to support mental well-being e.g. performance management, briefings, training.
- Have recognition of their work-life balance.
- Feel valued and have opportunities in the decision making processes.
- Success is recognised and celebrated.
- Are provided with opportunities for CPD both personally and professionally.
- Can access support and guidance at times of emotional need in both the short and long term, provided by the school counsellor and Occupational Health.
- Have access to a range of activities to support health and well-being.

**At Carbeile Junior School there is a mentally healthy environment where parents and carers:**

- Are recognised for their significant contribution to children and young people's mental health
- Are welcomed, included and work in partnership with the school and agencies
- Are provided with opportunities to ask for help when needed and signposted to appropriate agencies for support
- Are clear about their role, expectations and responsibilities in working in partnership with the school
- Opinions are sought, valued and responded to (e.g. Questionnaires.)
- Strengths and difficulties are recognised, acknowledged and challenged appropriately

**Understanding the link between mental health and behaviour**

“Mental health is defined as a state of wellbeing in which every individual recognises his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.”

(World Health Organisation, August 2014)

**Mental health problems in children**

At Carbeile we recognise that short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

- **emotional disorders**, for example; phobias, anxiety states and depression
- **conduct disorders**, for example; defiance, aggression and anti-social behaviour
- **hyperkinetic disorders**, for example disturbance of activity and attention;
- **developmental disorders**, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- **attachment disorders**, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- **trauma disorders**, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect;
- **other mental health problems** including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic-depressive disorder.

## Risk and protective factors

We recognise that certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family or to their community or life events. In order to promote positive mental health, it is important that schools have an understanding of the protective factors that can enable pupils to be resilient when they encounter problems and challenges.

Risk and protective factors that are believed to be associated with mental health outcomes:

Risk and protective factors	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Low IQ and learning disabilities</li> <li>• Specific development delay or neurodiversity</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>➤ Secure attachment experience</li> <li>➤ Outgoing temperament as an infant</li> <li>➤ Good communication skills, sociability</li> <li>➤ Being a planner and having a belief in control</li> <li>➤ Humour</li> <li>➤ A positive attitude</li> <li>➤ Experiences of success and achievement</li> <li>➤ Faith or spirituality</li> <li>➤ Capacity to reflect</li> </ul>

In the family	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> <li>• Overall parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse, or neglect</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>➤ At least one good parent-child relationship (or one supportive adult).</li> <li>➤ Affection</li> <li>➤ Clear, consistent discipline</li> <li>➤ Support for education</li> <li>➤ Supportive long term relationship or the absence of severe discord.</li> </ul>

In the school	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> <li>• Bullying including online (cyber)</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Peer on peer abuse</li> <li>• Poor pupil to teacher/school staff relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• Staff behaviour policy (also known as code of conduct)</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Good pupil to teacher/school staff relationships</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> <li>• Positive friendships</li> <li>• Effective Safeguarding and Child Protection policies.</li> <li>• An effective early help process</li> <li>• Understand their role in and be part of effective multi-agency working</li> <li>• Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively</li> </ul>

In the community	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>

The balance between risk and protective factors is most likely to be disrupted when difficult events happen in pupils' lives, including:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted, deployment of parents in armed forces families;
- **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school;

- **traumatic experiences** such as abuse, neglect, domestic violence, bullying, violence, accidents or injuries;
- **other traumatic incidents** such as a natural disaster or terrorist attack. Some groups could be susceptible to such incidents, even if not directly affected. As such, Carbeile staff are made aware of armed forces families, who may have parents who are deployed in areas of terrorist activity and are surrounded by issues in the media.

### **Children in Need, looked-after and previously looked-after children**

At Carbeile we understand that where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is therefore key that staff are aware of how these children's experiences, and their high prevalence of special educational needs and mental health needs, can impact on their behaviour and education. This will be taken into account when creating behaviour plans, learning plans or adjustment plans for these children. In some cases it may also be necessary to create an individual healthcare plan. Strategies to support these children will also be shared with all adults who regularly work with them, in order to ensure consistency of approach.

Where a child is being supported through local authority children's social care, their allocated social worker is a source of appropriately-shared information about wider developmental needs, child protection concerns, and parental, familial and contextual circumstances. Effective multi-agency working between schools and social care will help to inform a school's assessment of child's educational and mental health needs, as well as enabling a prompt response to any safeguarding concerns. This will be co-ordinated by the school's DSL and Deputy DSLs.

Carbeile's designated teacher (Mrs Vicky Marks) and local authority Cornwall Virtual School are also sources of advice and expertise on looked after and previously looked after children (LAC and PLAC). Where a member of staff has concerns about a looked-after child's behaviour, the designated teacher should be informed at the earliest opportunity so they can help decide how to support the child to improve their behaviour. Where a member of staff has concerns about the behaviour of a previously looked-after child, advice will be sought from the school's designated teacher in conjunction with the SENDCO and discussions held with parents. If this is deemed by all parties to be insufficient, then the child's parents or the school's designated teacher, following discussions with the child's parents, may seek the advice of the Virtual School on strategies to support the child.

### **Mental health and special educational needs**

Early intervention to address underlying causes of disruptive behaviour should include an assessment of whether appropriate provision is in place to support any SEN or disability that a pupil may have. Staff will also consider the use of a multi-agency assessment for a pupil who demonstrates persistent disruptive behaviour. Such assessments may pick up unidentified SEN, disability or mental health problems but the scope of the assessment could go further, for example, by seeking to identify housing or family problems. It is important to note that not all children with mental health difficulties will have SEN. But persistent or serious mental health difficulties will often meet the definition of SEN, in that they lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.



## Identifying children with possible mental health problems

Negative experiences and distressing life events can affect mental health in a way that can bring about changes in a young person's behaviour or emotional state. This can be displayed in a range of different ways:

- **Emotional state** (fearful, withdrawn, low self esteem)
- **Behaviour** (aggressive or oppositional; habitual body rocking)
- **Interpersonal behaviours** (indiscriminate contact or affection seeking, over-friendliness or excessive clinginess; demonstrating excessively 'good' behaviour to prevent disapproval; failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed; coercive controlling behaviour; or lack of ability to understand and recognise emotions).

If a member of staff is concerned about a pupil and suspect that mental health difficulties may be present, they will raise this with the SENDCo (Mrs Holly Bridges – also the Designated Lead for Mental Health). The SENDCo/DLMH will then determine the relevant process to help further identify and support needs. This will include tools such as the Strength and Difficulties Questionnaire (SDQ) as well as the Boxall Profile. The child and family will be supported through the graduated response process:

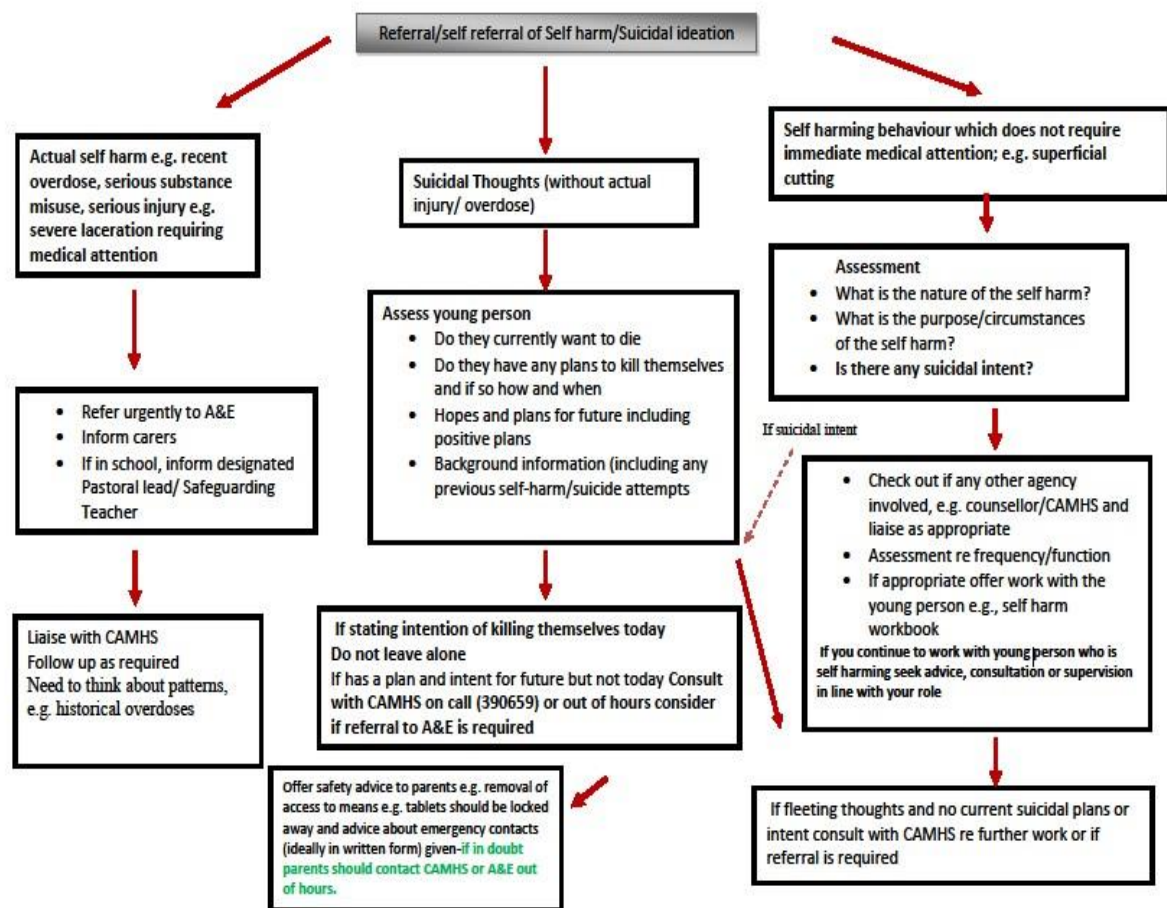
- An **assessment** to establish a clear analysis of the pupils' needs;
- A **plan** to set out how the pupil will be supported;
- **Action** to provide that support;
- Regular **reviews** to assess the effectiveness of the provision and lead to changes where necessary

The SENDCo/DLMH will use evidence to determine if a child can be supported in school through reasonable adjustments and a learning plan, which may involve small group interventions or one to one sessions. If it is deemed that more help is required e.g. from an external agency, then the family will be supported through the Early Help Process and other professionals involved (e.g. School Nurse, Educational Psychologist, CAMHs) as needed.

If a parent has a concern about their child, they also have the option to speak to the School Nurse.

## Procedures when concerned about an Individuals' Mental Health and risk of self-harm

- If any adult in school has a concern regarding a pupil or adult within school, then this should immediately be referred to a Designated Safeguarding Lead via CPOMs.
- The child should be removed to a safe place if required. If there are any sharp items such as scissors or pencils, these should be removed from the vicinity. Team Teach can be used by trained staff if appropriate.
- The child should then have someone present with them at all times.
- Human Resources will be contacted when in relation to a member of staff.
- If an incident involves a parent, then A Designated Officer should once again be contacted. They may then decide to contact social services.
- A written account of the concern should be recorded on CPOMs as soon as possible but this must be the same day. A risk assessment may be required going forwards.



## Managing Stress Overview

At Carbeile we are committed to protecting the health, safety and welfare of our staff. We recognise that workplace stress is a health and safety issue and acknowledge the importance of identifying and reducing workplace stressors. This applies to all staff in school.

### Objectives

1. To protect the health, safety and welfare of our employees.
2. To identify all probable workplace stressors and conduct risk assessments.
3. To take all reasonable actions to eliminate stress or control the risks from stress.
4. To ensure that workload is balanced and reasonable so that it does not contribute to stress.

### Strategies

1. The school will consult with staff about the prevention of workplace stress.
2. The school will provide initial support for staff affected by stress caused by either work or external factors and signpost them to professional help where it is requested or deemed necessary.
3. The SLT will maintain good communications with staff, particularly where there are organisational and procedural changes.
4. The CPD strategy will ensure members of staff are provided with appropriate training to discharge their duties.
5. The SLT will monitor workloads to ensure that people are not overloaded.

6. The SLT will monitor working hours to ensure that members of staff are not overworking.
7. To provide appropriate opportunities for training in good management practice and health and safety.
8. To ensure that work place bullying and harassment is not tolerated.
9. To be vigilant and where possible offer appropriate additional support to a member of staff who is experiencing stress outside work e.g. bereavement or separation.
10. To support individuals who have been off sick with stress on a planned return to work.
11. To monitor and review the effectiveness of measures taken to reduce stress.

We will review this policy bi-annually unless earlier revision is required. These documents will be stored as a paper copy by the Clerk and electronically by the Senior Administration Officer and Clerk.

Next review: February 2026

Signed Headteacher: Mr P Hamlyn

Signed Chair of Governors: Mrs S Morton

Date: 05/02/2024