

# **Aragon Primary School Mental Health & Wellbeing Policy**



**Mental Health & Wellbeing Lead: Rob Myers**  
**Mental Health & Wellbeing Co-ordinator: Emma Wingate**  
**Date: September 2022**  
**Date agreed and ratified by Governing Body: October 2022**

**This policy will be reviewed at least annually and following any concerns and/or updates to the national and local guidance or procedures.**

**At Aragon Primary School, we aim to promote positive mental health and wellbeing for our whole school community (children and adults), and recognise how important mental health and emotional wellbeing 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 wellbeing and can affect their learning and achievement. Our role is to support all members of the school community with their mental health & wellbeing and not to diagnose.**

### **Commitment**

At our school, we know that everyone experiences life challenges that can make us vulnerable and at times; anyone may need additional emotional support. We take the view that positive mental health is promoted by all members of the school community and that we all have a role to play.

At our school we:

- help children to understand their emotions and feelings better
- help children feel comfortable sharing any concerns or worries
- help children socially to form and maintain relationships.
- promote self-esteem and ensure children know that they are important
- encourage children to be confident and 'dare to be different' and to take risks.
- help children to develop emotional resilience and to manage setbacks

We promote a mentally healthy environment through:

- Promoting our school values and encouraging a sense of belonging.
- Promoting pupil voice and opportunities to participate in decision-making
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- Providing opportunities to reflect.
- Participating in events such as Children's Mental Health week and Healthy Me week.
- Developing a positive dialogue between children, staff and parents and reducing the stigma that is associated with mental health and well-being
- Access to appropriate support that meets their needs

We pursue our aims through:

- Universal, whole school approaches
- Support for pupils going through recent difficulties including bereavement
- Specialised, targeted approaches aimed at pupils with more complex or long-term difficulties including attachment disorder.

### **Scope**

This policy should be read in conjunction with our medical policy and our SEND policy in cases where pupils mental health needs overlap with these. This policy should also be read in conjunction with policies for Behaviour and Anti-bullying, and PSHE policies. It also sits alongside safeguarding and child protection procedures and the social, moral, and cultural needs of our school community.

## **Lead Members of Staff**

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

- Rob Myers – Mental Health & Wellbeing lead
- Katie O'Sullivan – SENCO/Inclusion Co-ordinator
- Kelly Aldis - Designated Safeguarding Lead
- Emma Wingate – Mental Health & Wellbeing Co-ordinator
- Amy Blake – PSHE Co-Ordinator
- Terri Kent - Emotional Literacy Support Assistant – ELSA
- Henny Ellerby – Diversity, Inclusion & Equality

## **Link Governors**

- Gemma Fromage-Crawford – Mental Health & Well-Being and PSHE Governor
- Isabelle Paget – Safeguarding, Child Protection, Health and Safety Governor

## **Teaching about Mental Health**

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

### **EYFS & Key Stage 1 children learn:**

- To recognise, name and describe feelings including good and not so good feelings.
- Simple strategies for managing feelings.
- How their behaviour affects other people.
- About empathy and understanding other people's feelings.
- To cooperate and problem solve.
- To motivate themselves and persevere.
- How to calm down.
- About change and loss and the associated feelings (including moving home, losing toys, pets, or friends).
- Who to go to if they are worried.
- About different types of teasing and bullying, that these are wrong and unacceptable.
- How to resist teasing or bullying, if they experience or witness it, whom to go to and how to get help.
- Establishing the foundations of having a growth mindset

### **Key Stage 2 children learn:**

- What positively and negatively affects their mental and emotional health (including the media).
- Positive and healthy coping strategies.
- About good and not so good feelings.
- To describe the range and intensity of their feelings to others.
- To recognise and respond appropriately to a wide range of feelings in others.
- To recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them.
- About resilience (for example KS2 SAT test anxiety)
- How to motivate themselves and bounce back if they fail at something.
- How to empathise and be supportive of others.
- About change, including transitions (between Key Stages and schools), loss, separation, divorce, and bereavement.
- About the consequences of discrimination, teasing, bullying and aggressive behaviours (including online bullying, prejudice-based language), as well as how to respond and ask for help if they are victims of this themselves.

- About the importance of talking to someone and how to get help.
- Further developing a growth mindset

### **Targeted support**

The school will offer support through targeted approaches for individual pupils or groups of pupils which may include:

- Circle time approaches or ‘circle of friends’ activities.
- Targeted use of PSHE resources.
- Managing feelings resources e.g., ‘worry boxes’ and ‘worry eaters’
- Managing emotions resources such as ‘the emotional literacy’ vocabulary
- Primary Group Work/Mental health and wellbeing groups
- ELSA support groups.
- Well-being displays in classrooms.
- Daily emotional check-ins
- Therapeutic activities including art, Lego and relaxation and mindfulness techniques.

The school will make use of resources to assess and track wellbeing as appropriate including:

- Strengths and Difficulties questionnaire
- The Boxall Profile
- Emotional literacy scales

### **OPAL**

To further support the children’s mental health & well-being, we follow strategies suggested by OPAL, whose programme rationale is that “... *better, more active and creative playtimes can mean happier and healthier children, and having happier, healthier, more active children usually results in a more positive attitude to learning in school, with more effective classroom lessons, less staff time spent resolving unnecessary behavioural problems, fewer playtime accidents, happier staff and a healthier attitude to life.*” (Refer to the OPAL policy for aims and benefits of playtimes and lunchtimes).

### **Identifying needs and Warning Signs**

At Aragon, we will:

- Provide a safe environment to enable children to express themselves and be listened to.
- Ensure the welfare and safety of children are paramount.
- Identify appropriate support for children based on their needs.
- Involve parents and carers when their child needs support.
- Involve children in the care and support they receive from school.
- Monitor, review and evaluate the support with children and keep parents and carers updated.

### **Early Identification**

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- SDQ (Social Difficulty Questionnaires), recording concerns on MyConcern to monitor individuals that might need support.
- Analysing behaviour, exclusions, detentions, visits to the medical room/ referrals to the school nurse, attendance, and sanctions.
- Using Leuven scales to identify children in EYFS who need support.
- Staff report concerns about individual children to the relevant lead persons.
- Worry boxes in each class for children to raise concerns which are checked by the Class Teachers and Mental Health & Wellbeing lead (these are anonymous but give an indication of needs in a particular class regularly). Children may use recording buttons

for those who struggle to convey their feeling through writing.

- Regular meetings for staff to raise concerns.
- A parental information and health questionnaire on entry to the school.
- Gathering information from a previous school at transfer.
- Parental meetings in EYFS.
- Enabling children to raise concerns to any member of staff.
- Enabling parents and carers to raise concerns to any member of staff.

All staff at Aragon Primary School to have training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the Mental Health & Wellbeing Lead, SENDCo/Inclusion Co-ordinator or the Designated Safeguarding Lead.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn.
- Changes in activity or mood or eating/sleeping habits.
- Falling academic achievement.
- Talking or joking about self-harm or suicide.
- Expressing feelings of failure, uselessness, or loss of hope.
- Secretive behaviour.
- An increase in lateness or absenteeism.
- Not wanting to do PE or get changed for PE.
- Wearing long sleeves in hot weather.
- Drugs or alcohol misuse.
- Physical signs of harm that are repeated or appear non-accidental.
- Repeated physical pain or nausea with no evident cause.

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive, or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development. If there is a concern that a pupil is in danger of immediate harm, then the school's child protection procedures are followed. If there is a medical emergency, then the school's procedures for medical emergencies are followed.

### **Disclosures by children and confidentiality**

We recognise how important it is that staff are calm, supportive, and non-judgemental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our children is paramount, and staff listen rather than advise. Staff make it clear to children that the concern will be shared with the Mental Health & Wellbeing Lead or the Designated Safeguarding Lead and recorded, to provide appropriate support to the pupil.

All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps (MyConcern).

### **Assessment, Interventions and Support**

All concerns are reported to the Mental Health & Wellbeing Lead, SENDCO or Designated Safeguarding Lead and recorded. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

<b>Need</b> The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children	<b>Evidence-based Intervention and Support</b> -the kinds of intervention and support provided will be decided in consultation with key members of staff, parents, and children for example:	<b>Monitoring</b>
Highest need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies Other External agency support Other interventions e.g., art therapy.  If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report.	All children needing targeted individualised support will have an Individual Care Plan drawn up setting out <ul style="list-style-type: none"> <li>• The needs of the children</li> <li>• How the pupil will be supported</li> <li>• Actions to provide that support</li> <li>• Any special requirements</li> </ul> Children and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g., through a pre and post SDQ and if needed a different kind of support can be provided. The Care Plan is overseen by the Mental Health Lead.
Some need	Access to in school ELSA programmes, family support worker, school nurse, art therapy, educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends. (As appropriate)	
Low need	General support E.g., School Nurse drop in, class teacher/TA,	

### **Support for friends**

We recognise that when a pupil is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected. In the case of eating disorders and self-harm, it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case-by-case basis what support might be appropriate including one to one and group support. We will involve the pupil who is suffering and their parents and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing/saying which may inadvertently cause upset and warning signs that their friend needs help. We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

School staff may also become aware of warning signs which indicate a student 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 communicate their concerns with the Designated Safeguarding Lead or the Mental Health and Well-Being Lead as appropriate.

Possible warning signs include:

- Changes in eating / sleeping habits
- Becoming socially withdrawn
- Changes in activity and mood
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness, or loss of hope
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

### **Working with Parents**

To support parents, we will:

- Highlight sources of information and support about mental health and emotional wellbeing on our school website
- Share and allow parents to access sources of further support e.g., through parent forums.
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their child.
- Make our emotional wellbeing and mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

### **Involving children**

Every year we involve our house captains and school council who lead on whole school campaigns on health and wellbeing. We seek pupil's views about our approach, curriculum and in promoting whole school mental health activities. We always seek feedback from children who have had support to help improve that support and the services they received.

### **Supporting and training staff**

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help. 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 Governors and the School's SLT are committed to fostering a culture of cooperation, trust, and mutual respect, where all individuals are treated with dignity, and can work at their optimum level. The Governors and the School's SLT recognise that work-related stress has a negative impact on employees' well-being, and that it can take many forms and so needs to be carefully analysed and addressed at an organisational level. The Staff Well-being policy expands upon the School's Health and Safety policy, setting out how the school will promote the well-being of employees by:

- Creating a working environment where potential triggers of work-related stress are avoided, minimised, or mitigated, as far as practicable, through good management practices, effective Human Resources policies and staff development.
- Increasing SLT and employees' awareness of the causes and effects of stress.
- Developing a culture that is open and supportive of people experiencing stress or other forms of mental ill-health.
- Developing the competence of SLT so that they manage staff effectively and fairly.
- Engaging with staff to create constructive and effective working partnerships both within teams and across the school.

- Establishing working arrangements whereby employees feel they can maintain an appropriate work life balance.
- Encouraging staff to take responsibility for their own health and well-being through effective health promotion programmes and initiatives.
- Encouraging staff to take responsibility for their own work and effectiveness as a means of reducing their own stress and that of their colleagues.
- Celebrating TA/Support staff appreciation day.
- Providing regular well-being surveys for staff to voice their feelings or concerns.
- Inviting staff to complete exit interviews to help gain feedback for further improvements regarding mental health & well-being.
- Regular planned social events by our social committee.
- Offering additional non-contact time for staff to fulfil their wider duties.
- Having clear expectations when parents can and cannot contact staff outside of normal school hours (SeeSaw)

### **Monitoring and Evaluation**

The mental health and wellbeing policy is on the school website and hard copies are available to parents and carers from the school office. All mental health professionals are given a copy before they begin working with the school as well as external agencies involved in our mental health work. The policy is monitored at an annual review meeting led by the Mental Health Lead and involves staff with a responsibility for mental health, including specialist services supporting the school and governors.

### **Working with other agencies and partners**

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing including:

- The School Nurse
- Educational psychology services
- Behaviour support
- Paediatricians
- CAMHS (child and adolescent mental health service)
- Counselling services
- Family support workers
- Therapists



## Appendices

### Appendix I Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)

	<b>Risk Factors</b>	<b>Protective Factors</b>
In the Child	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Specific development delay</li> <li>• Communication difficulties</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> <li>• SEND</li> </ul>	<ul style="list-style-type: none"> <li>• Being female (in younger children)</li> <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>• Problem solving skills and 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	<ul style="list-style-type: none"> <li>• Overt 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 psychiatric illness</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	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Negative peer influences</li> <li>• Peer pressure</li> <li>• Poor pupil to teacher relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> </ul>
In the Community	<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>• 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</li> </ul>

		anti-bullying <ul style="list-style-type: none"> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>
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## **Appendix 2 Specific mental health needs most commonly seen in school-aged children**

For information see Annex C Main Types of Mental Health Needs  
Mental Health and Behaviour in School DfE March 2016

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Annex C includes definitions, signs and symptoms and suggested interventions for

- Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self-Harm

## **Appendix 3 Where to get information and support**

*For support on specific mental health needs*

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

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

Depression Alliance [www.depressoinalliance.org](http://www.depressoinalliance.org)

Eating Disorders [www.b-eat.co.uk](http://www.b-eat.co.uk) and [www.inourhands.com](http://www.inourhands.com)

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

Suicidal thoughts Prevention of young suicide UK – POPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

*For general information and support*

[www.youngminds.org.uk](http://www.youngminds.org.uk) champions young people's mental health and wellbeing

[www.mind.org.uk](http://www.mind.org.uk) advice and support on mental health problems

[www.minded.org.uk](http://www.minded.org.uk) (e-learning)

[www.time-to-change.org.uk](http://www.time-to-change.org.uk) tackles the stigma of mental health

[www.rethink.org](http://www.rethink.org) challenges attitudes towards mental health

### **Associated Policies**

Anti-Bullying Policy – September 2022

Behaviour Policy – September 2020 due for review

Child Protection and Safeguarding Policy – September 2022

Supporting Children with Medical Conditions Policy – September 2022

Health and Safety Policy – September 2022

WLT Health and Well-Being Policy – September 2021

PSHE/RSE Policy – June 2022 review being undertaken