




# KINGSNORTH CHURCH OF ENGLAND PRIMARY SCHOOL

<b>Name of Policy:</b>	<b>Mental Health and Wellbeing Policy</b>	
<b>Date Written:</b>	March 2020	
<b>Date Updated:</b>		
<b>Updated By Who:</b>	Head of School/Wellbeing Lead	
<b>Policy Originated from:</b>	Brenzett Primary School/SPS/Aquila/KCC	
<b>Date To Be Reviewed:</b>	March 2022 or as appropriate	
<b>Policy Approved By:</b>	SLT:	
	Staff:	
	Governors:	

## Our Vision Statement:

At Kingsnorth Church of England Primary School, we will provide children with a purposeful, rich and holistic environment that puts community and family at its heart. We believe that children should be the aspirational champions of their own unique success, by providing them with life in abundance in the eyes of God.






## Kingsnorth Values Statement:

### 'With Faith, Endeavour to Achieve'

Then, by constantly using your faith, the life of Christ will be released deep inside you, and the resting place of his love will become the very source and root of your life.

Ephesians 3:17 Passion Translation

## Our Key Christian Values are:

<b>Compassion</b>	The Good Samaritan from Luke 10 verses 25-37		
<b>Friendship</b>	Ruth and Naomi from the Book of Ruth		
<b>Endurance</b>	The Easter events- Mark chapters 11-end		
<b>Trust</b>	Blind Bartimaeus from Mark 10 verses 46-52		
<b>Thankfulness</b>	The Ten Leprosy sufferers from Luke 17 verses 11-19		

## Statement of Intent

'Recognising its historic foundation, the school will preserve and develop its religious character in accordance with the principles of the Church of England and in partnership with the Church at parish level and the Diocese of Canterbury.

The school aims to serve its community by providing an education of the highest quality within the context of Christian belief and practice. It encourages an understanding of the meaning and significance of faith and promotes Christian values through the experience it offers all pupils.'

## Policy Statement

At Kingsnorth we believe that the mental health and wellbeing of our whole school community is the key to happiness and achievement. We have created our action plan to demonstrate our commitment to have a positive impact on our learners, staff and wider community.

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 our school, we aim to promote positive mental health for every child, parent / carer and staff. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at identified vulnerable pupils and families.

This policy describes the school’s approach to promoting positive mental health and wellbeing and is intended as guidance for all staff including non-teaching staff and governors. It should be read in conjunction with our safeguarding 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.

To promote first aid for mental health and wellbeing Kingsnorth CE Primary School aims to:

- To develop a whole school approach for both pupils and staff.
- To create an approach on the principles taken from the 8 key principles identified in ‘Promoting Children and Young people Emotional Health and Wellbeing’ (2015).
- To work together with families.
- To provide a holistic and multi- agency approach that is identified in the children’s individual SEN support plans.

The following diagram presents eight principles to promote emotional health and wellbeing in schools and colleges.

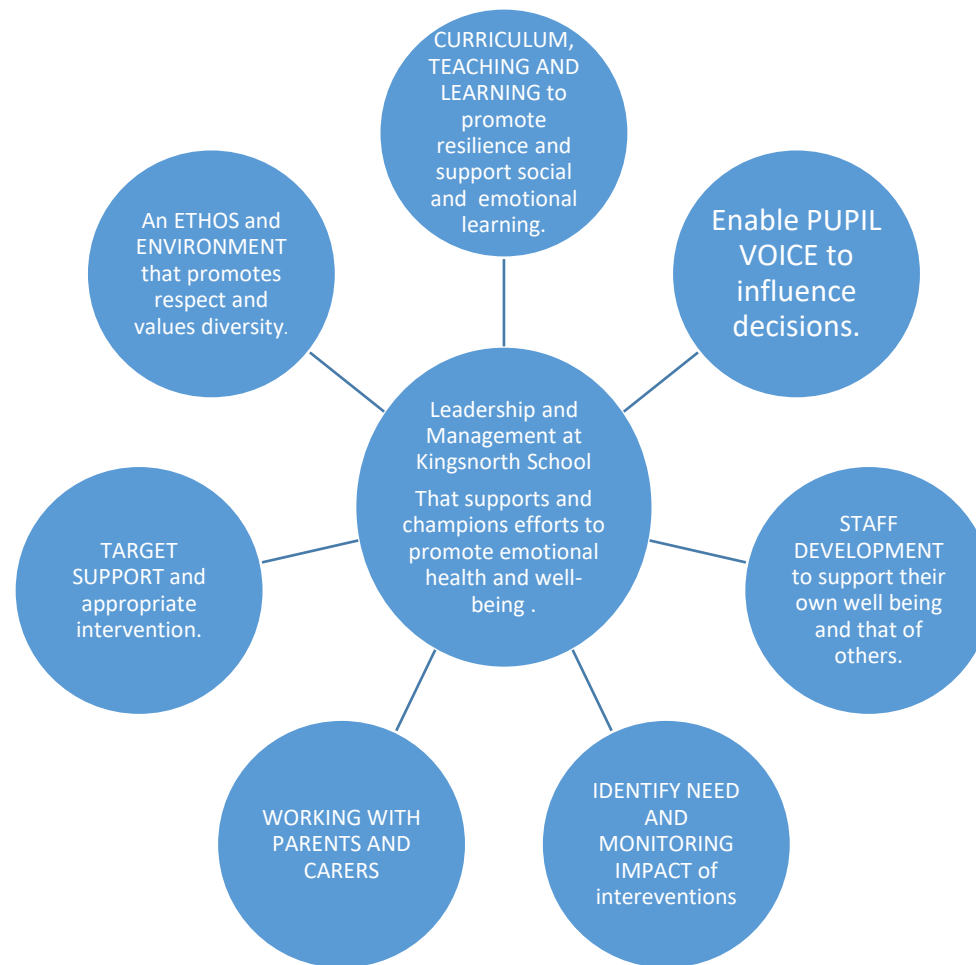


Figure 1. Eight principles to promoting a whole school and college approach to emotional health and wellbeing.

The eight identified principles will underpin the approaches used to support the development and integration of wellbeing strategies within Kingsnorth CE Primary School. The policy and curriculum delivery will be tailored to promote the key aspects of improving mental health illness and wellbeing. 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. School based programmes which are linked to the curriculum will promote pupil voice through developing independence and choice making decisions. Staff will have access to training and signposting to approaches and resources that will support their own emotional health and wellbeing with an aim to foster team work and create solidarity. Clear identification, impact and outcome measures will feed into school based programmes and the target interventions that will be offered to pupils.

All staff have a responsibility to promote the mental health and emotional wellbeing of pupils. Staff with a specific, relevant responsibility includes:

- Mrs Amanda Love DSL Mental Health & Wellbeing lead email: amlove@kingsnorth.kent.sch.uk
- Mrs Paula Rich DSL, Family Liaison Officer, ELSA email: flo@kingsnorth.kent.sch.uk
- Mrs Sarah Bone Senior DSL and Deputy Headteacher email: deputy@kingsnorth.kent.sch.uk
- Mr Iain Witts DSL and Executive Headteacher email: exechead@kingsnorth.kent.sch.uk
- Mrs Amanda Love DSL, SENCO and Assistant Headteacher email: amlove@kingsnorth.kent.sch.uk

### **Pupil Identification**

Wellbeing 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. Any member of staff who is concerned about the mental health or wellbeing of a child should complete an entry on 'My Concern' for the pupil, but could also discuss with the Family Liaison Officer. If there is a fear that the child is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the DSL. 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.

Where a referral to CYPMHS is appropriate, this will be led and managed by Mrs Rich, Family Liaison Officer. Guidance about referring to CYPMHS is provided in Appendix 2

Individual SEN APDR (Assess Plan Do Review) will identify 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, class teachers 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 plans 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
- The role the school can play in relation to staff development and implementing support linked to policy and practice.

### **Procedure for Concern in relation to mental health issues.**

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-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded using the My Concern software package. This will ensure that the following is recorded:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the DSL in the first instance; the DSL and SENCO/FLO will review as necessary.

### **Confidentiality**

We should be honest with regards to the issue of confidentiality. If we think it is necessary for us to pass our concerns about a pupil on then we should discuss with the child:

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

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

Parents are often very welcoming of support and information from the school about supporting their children's emotional 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.
- 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 mental health policy easily accessible to parents.
- Share ideas about how parents can support positive mental health in their children through regular review meetings.
- 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.

### **Staff Training and CPD**

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students 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. Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with the Deputy Headteacher, who can also highlight sources of relevant training and support for individuals as needed.

This policy will always be immediately updated to reflect personnel changes and legislation.

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

### Prevalence of Mental Health and Emotional Wellbeing 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.

### **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.

### **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.

### **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.

### **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.

### **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.

## Appendix 2

### Kent County Council

#### CYPMHS REFERRAL PROCESS

The Children and Young People's Mental Health Service (CYPMHS) provides emotional wellbeing and mental health advice and support for young people and their families across Kent.

This service is available to young people from the age of 0-18 (up until their 19<sup>th</sup> birthday) and up until the age of 25 for young people with special educational needs or as part of a wider network of support for children and young people in the care of the Local Authority

CYPMHS offers advice and support for stress, low mood and depression, anxiety, self-harm or difficult to manage behaviours and support for neurodevelopmental difficulties such as ADHD or ASD.

The way in which we offer support can differ from young person to young person as every journey is unique. We are currently leading the way with our innovative digital support for young people and we have a number of resources available online. These are freely available and do not require a referral to our service.

For some young people, their emotional well-being may be having a significant impact on their day to day life. In these cases we may offer a short period of face to face support either in 1:1 sessions or in a group.

At CYPMHS we believe in an open and easy to access service. This is why we offer a self-referral service. If you feel like you might benefit from some of the online self-help resources on offer you can access these for free by signing up to MindFresh here: <https://mindfresh.nelft.nhs.uk/>

If you would like to speak to someone for more information about the services we offer and to find out about what support might be available for you please call our team on **0300 123 4496** and you will be put through to our Single Point of Access (SPA) team in Kent.

#### **Where are we?**

We have offices and clinics across much of Kent and will be as flexible as possible in where we offer to see you. Get in touch by dialling the number above and selecting your locality.

**Kent hubs**

1 Twistleton Court, Priory Hill, Dartford, DA1 2EN

Castleside Dover Health Centre, Maison Dieu Rd, Dover, CT16 1RH

Cherry Tree House, Cheriton High Street, Folkestone, CT18 8AN

George Turles House, 54 London Road, Canterbury, CT2 8JY

Lenworth Clinic, 329 Hythe Road, Ashford, TN24 0QE

Orchard House, 17 Church Street, Broadstairs, CT10 2TT

The Courtyard, Pudding Lane, Maidstone, ME14 1PA

Highlands House, 10 – 12 Calverley Park Gardens, Tunbridge Wells, TN1 2JN

CAMHS Seashells Children & Families Centre, Rose Street, Sheerness ME12 1AW

**Single Point of Access (SPA):**

Foster Street Clinic, Foster Street, Maidstone, Kent ME15 6NH

**Crisis Team:**

Georges Turle House, 54 London Road , Canterbury , Kent, CT2

Please go to <https://www.nelft.nhs.uk/kent-cypmhs-get-in-touch> for more information.

