

## Mental Health and Wellbeing Policy



Approved  
by:

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Last  
reviewed  
on:

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due by:

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## **Policy Statement**

Mental health is a state of well-being where individuals realise their potential, can cope with the normal stresses of life, work productively, and contribute to their community (World Health Organisation). At Gastrells School, we aim to promote positive mental health for every member of our staff and children through both universal, whole-school approaches and targeted interventions for vulnerable children.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. On average, three children in every classroom will be affected by a diagnosable mental health issue. By implementing relevant and effective policies, we create a safe and stable environment for children affected by mental ill health.

## **Scope**

This policy outlines the school's approach to promoting positive mental health and well-being. It is intended for all staff, including non-teaching staff and governors. This policy should be read alongside the Managing Medicines in Schools policy (where mental health overlaps with medical conditions) and the SEND policy (for children with special educational needs).

## **Aims of the Policy**

- Promote positive mental health in all staff and children.
- Increase awareness and understanding of common mental health issues.
- Alert staff to early warning signs of mental ill health.
- Provide support to staff working with children with mental health issues.
- Support children suffering from mental ill health, along with their peers and families.

## **Lead Members of Staff**

Although all staff share responsibility for promoting positive mental health, staff with specific roles include:

- Gary Price - Designated Child Protection/Safeguarding Officer & Mental Health Lead
- Alex Brown – Deputy Head / Deputy Designated Child Protection Officer
- Fiona Radway - Mental Health Lead / SENDCo / DDSL
- Helen Evans – Assistant SENCo DDSL
- Becky Hyatt – C&I Lead / DDSL
- Diane Cook & Mary Prochaski - Paediatric First Aid
- Gary Price - CPD Lead

Staff concerned about a child's mental health should speak with the Mental Health Lead. If there is a concern for the child's immediate safety, standard child protection procedures should be followed.

## **Individual Care Plans**

An individual care plan should be created for students with diagnosed mental health conditions or those presenting concerning mental health behaviours. This plan should involve the student, their parents, and relevant health professionals, and may include:

- Details of the child's condition.

- Special requirements and precautions.
- Medication and side effects.
- Emergency procedures and contacts.
- The role of the school.

### **Teaching About Mental Health**

Mental health education is integrated into our PSHE curriculum. This provides children with the knowledge and skills to maintain both physical and mental well-being, with an emphasis on seeking help when needed.

We will follow PSHE Association Guidance to ensure mental health topics are taught safely and sensitively.

### **Signposting Support**

We will ensure that all staff, students, and parents are aware of sources of support within the school and the local community. Information will be clearly displayed in communal areas, and we will highlight support services regularly through the curriculum.

When signposting support, we will ensure students understand:

- What help is available.
- Who it's aimed at.
- How to access it.
- Why to access it.
- What will happen next.

### **Warning Signs of Mental Health Issues**

Staff should be alert to potential warning signs of mental health difficulties in students. These may include:

- Physical signs of harm or non-accidental injuries.
- Changes in eating or sleeping habits.
- Withdrawal from social groups.
- Sudden mood swings.
- Decline in academic performance.
- Talking about self-harm or suicide.
- Substance abuse.
- Expressions of hopelessness.
- Secretive behaviours or changes in appearance.
- Unexplained physical complaints.

### **Managing Disclosures**

If a student discloses concerns about their own mental health or that of a peer, staff should respond calmly and supportively. The disclosure should be recorded on CPOMs, detailing:

- Date and staff member receiving the disclosure.
- Key points of the conversation.

- Agreed next steps.

The record should be shared with the Mental Health Lead, who will provide further advice on next steps.

### **Confidentiality**

While maintaining confidentiality is important, if a child is at risk of harm, we will inform them of the need to share information with the appropriate staff or external services. This should be discussed with the child beforehand, where possible, to gain their consent.

In cases of child protection concerns, the child protection officer must be notified immediately, without parental involvement in the initial stages.

### **Working with Parents**

When sharing concerns about a child's mental health, the approach should be sensitive. Key considerations include:

- Holding a face-to-face meeting (preferred).
- Deciding on the appropriate location for the meeting.
- Identifying key attendees (staff, parents, child).
- Offering clear next steps and follow-up communication.

Parents should be provided with relevant resources and support information. We will encourage follow-up meetings or phone calls to ensure parents feel supported.

### **Supporting Peers**

Friends of children struggling with mental health may need additional support to understand how best to offer help. Peer support should be handled sensitively, ensuring children know what information is helpful and what should not be shared. We will also ensure peers know where to access their own support and offer healthy coping mechanisms.

### **Training**

All staff will receive regular training on recognising and responding to mental health issues, integrated into their child protection training. For those requiring more in-depth knowledge, training opportunities will be provided based on the school's performance management and CPD process.

Additional training will be offered when specific needs are identified within the student body.

### **Policy Review**

This policy will be reviewed at least every 3 years and updated as necessary, including when there are changes in personnel or relevant practices.

### **Appendix A: CAMHS Referral Guidelines**

If a referral to CAMHS is required, it should be initiated by phone for urgent cases. A clear outcome must be identified before making the referral, and the school should provide evidence of interventions attempted. CAMHS will always ask, "What have you tried?" and may request relevant reports.

Basic Information for Referral:

- Child's personal details, including GP and parental contact.

- Relevant history, including child protection status or any existing family issues.
- Reason for referral, including specific difficulties and previous interventions.
- Consent from the child and parents for the referral.