




Callands Primary Academy

Mental Health and Emotional Well-Being Policy

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Next Review Date: June 2027

Policy Responsibilities and Review

Policy type:	School
Guidance:	This policy complies with Warrington LA guidance
Related policies:	<ul style="list-style-type: none">• Curriculum Statement and Guidance• Safeguarding Policy• SEND Policy• Behaviour Policy• Supporting Pupils with Medical Needs
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What is meant by Mental Health and Emotional Well-being?

We use the World Health Organisation's definition of mental health and well-being:

'Mental health is a state of wellbeing 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.'

Mental health and well-being is not just the absence of mental health problems. We want all children to:

- Feel confident in themselves
- Be able to express a range of emotions appropriately
- Be able to make and maintain positive relationships with others
- Cope with the stresses of everyday life
- Manage times of stress and be able to deal with change
- Learn and achieve

Aims

At Callands Primary Academy, 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. All children go through ups and downs during their school career and some face significant life events.

The Department for Education (DfE) recognises that: 'in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy'. Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children's well-being and can help stimulate a sense of belonging and community.

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential by accessing help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and to be a school where:

- All children are valued
- Children have a sense of belonging and feel safe
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma
- Positive mental health is promoted and valued
- Bullying is not tolerated

In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being.

Callands' Approach

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 to 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.
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 skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our Personal Development curriculum. The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We follow the PSHE Association Guidance (funded by the Department for Education) to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps to strengthen resilience before serious mental health problems occur.

Lead Members of Staff

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

Designated Safeguarding Lead – Mrs Bentley

Safeguarding Lead – Mrs Westwood

Senior Mental Health Lead – Miss Whittaker (Behaviour Lead)

SENCo – Mrs Bate

Personal Development Lead – Mrs Bentley

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding leads, the head teacher, or the designated

governor. If the student 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 (previously known as CAMHS) is appropriate, this will be led and managed by Mrs Bate, the school SENCo.

Individual Care Plans

We recognise that some children will need on-going support and the Senior Mental Health Lead will meet with children on a regular basis. We are careful not to 'label' children with a diagnosis without prior and sensitive consultation with parents and other relevant professionals.

We have a duty of care to support children and will seek advice from medical staff and mental health professionals on the best way to support children. When a child leaves an inpatient provision and is transitioning, we will carry out a risk assessment and produce an Individual Care Plan to support the child to re-integrate successfully back to school.

An individual care plan for children causing concern and/or receive a diagnosis pertaining to their mental health should be drawn up involving the child, their parents and relevant health professionals. This can include:

- Details of a child's condition
- Adaptations, 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

If the school, professionals and parents conclude that it is in the best interest of the child to apply for an Education and Health Care Plan (EHCP), then we refer to the school's SEN Policy.

Teaching about Mental Health

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

The specific content of lessons will be determined by the specific needs of the cohort we're teaching, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community.

Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Identification

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional well-being issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with our Mental Health Lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- 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

Disclosures and Confidentiality

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure. If a student 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 student's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded on CPOMS as soon as possible. This record should include:

- 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 Senior Mental Health Lead, who will offer support and advice about next steps.

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

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

We should never share information about a child without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

It is always advisable to share disclosures with a colleague, usually the Senior Mental Health Lead. This helps to safeguard our own emotional well-being as we are no longer solely responsible for the child; it ensures continuity of care in our absence, and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed and children may choose to tell their parents themselves. If this is the case, the child should be given 24 hours to share this information before the school contacts parents. We should always give children the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues the Designated Safeguarding Lead must be informed immediately.

The Graduated Response

The Department for Education (DfE) sets out the principles of a graduated response within its Special Educational Needs and Disability Code of Practice (2015). Social, emotional and mental health difficulties are identified as a broad area of need within the document. The Code of Practice states that a graduated response 'should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes'.

The four parts of this cycle are: **Assess, Plan, Do, and Review**.

Here the implementation of the Assess, Plan, Do, Review cycle in relation to emotional health and wellbeing has three key stages:

Universal Support: Prevention

Developing a whole school approach through the use of the PSHE Curriculum, PSHE Association Guidance (funded by the Department for Education) and our Personal Development curriculum to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms. We use resources from myHappyMind which is science-backed programme that is taught in every year group from EYFS to Year 6. This curriculum is also approved by the NHS. myHappyMind is taught across five modules and each introduces a new set of content and habits to help children build resilience, self-esteem and confidence:

- Meet your brain - Understanding how our brain works and how to ensure we look after it so that we can manage our emotions and be at our best. Growth mindset is a key part of this too.
- Celebrate - Understanding our unique character strengths and learning to celebrate them. This is a fantastic module for building self-esteem.
- Appreciate - Understanding why gratitude matters and how we can develop gratitude as a habit. Gratitude is key to well-being and resilience.
- Relate - Understanding why positive relationships matter and how to build them. We're focused on the building blocks of good relationships and friendships.
- Engage - Understanding how to set meaningful goals that matter and how to keep resilient in times of challenge. This module is all about building self-esteem and resilience too.

Where possible within our whole school curriculum, we use guidance from the NHS 5 Steps to Wellbeing to help encourage positive self-care amongst both staff and pupils:

- Connect with other people
- Be physically active
- Learn new skills
- Give to others
- Pay attention to the present moment

Having a consistent approach to behaviour that is in-line with our own Behaviour Policy and following the procedures outlined within the Anti-Bullying section.

Ensuring every child is aware that it is ok to not be ok and to ask for help. Each classroom is equipped with a Worry Monster/Box so that the children may privately notify the Welfare team of any worries they may have. Each Worry Monster is checked regularly throughout the week and any worries are dealt with by the class teacher.

Working with the wider community and assessing the overall level of behavioural and emotional difficulties in the school, ensure that effective measures are put into place.

Early Support

For some children, the Universal Support may not be sufficient in developing their resilience and coping strategies, subsequently they will be identified by staff for further support or intervention.

Step 1 - Staff should implement support within the classroom through the use of additional resources and by adapting classroom practice as appropriate.

Step 2 - If necessary, a child will be discussed in either Safeguarding Meetings or SLT Meetings. The outcome of this could be to deploy an existing member of staff to carry out an appropriate intervention with the child. Support from external agencies may be required to ensure the intervention is successful and has a positive impact.

Access to Specialist Support

Where it is identified that a child requires a greater level of support, we will commission specialist support through the appropriate process. The support given in Stage 2 will continue with suitable adjustments.

Referrals may be made to CYPMHS (Children and Young Persons Mental Health Services) for counselling and other specialised support.

A referral may also be made to our Mental Health Health Support Team (MHST). This is a relatively new service that is designed to meet the mental health needs of children and young people in educational settings.

Despite the involvement from external agencies, the well-being of all children is still the school's responsibility and the support will be monitored by the Mental Health Lead.

We recognise that children can experience crisis points, and there may be isolated times where it is not appropriate or safe to follow this graduated response, and a more immediate response is required.

- If there is a fear that the child is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to a Designated Safeguarding Lead.
- If the child presents with a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the Lead First Aider and contacting the emergency services if necessary.

For further guidance of this process, please see our Mental Health Graduated Response at the end of this document.

Working with Parents/Carers

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on CPOMS.

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 to talk to, and how to go about this, 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 our regular information evenings
- 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

Supporting Peers

When a child is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how.

In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one-to-one or group settings and will be guided by conversations with the student who is suffering and their parents/carers with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Training

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 to enable them to keep students safe. The [The National College | CPD for Schools, Trusts, Colleges & Nurseries](#) provides free online training suitable for staff wishing to know more about a specific issue. 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 children. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Bereavement

At Callands we aim to provide support to pupils who experience bereavement within their families, and support to pupils and staff on the death of a member of the school community, whether it be an adult or a child. The way in which children and young people are treated when someone important in their lives dies has a profound effect on their future ability to manage their own lives. The caring and supportive school environment has a key role to play and we recognise that every situation is unique and demands careful handling, with the wishes of the pupil or family being of paramount importance.

Most grieving pupils do not need a 'grief expert', but instead support from familiar adults in a safe and secure environment.

Familiar and trusted adults can support bereaved children simply by:

- Acknowledging the bereavement
- Understand that feelings of grief are natural, and personal to the individual
- Reassuring children and young people
- Keeping to routines and structure where possible, to help provide a sense of safety and security

Children mature and develop at different rates, however, their understanding and responses to bereavement are likely based on their development and maturity, as much as their personal life experiences.

As children grow and develop:

- They may need to look again at the details surrounding a death and will need time and space to explore its impact.
- Feelings they had when younger will be different, as their understanding develops and the meaning of death changes for them as they move through life.

A child's understanding of death varies based on their age and stage of development. At any age, a person's reaction to death is very personal and unique. We should always allow others to grieve in their own way, and avoid assuming we know how a bereaved person is feeling.

Between the ages of 2 and 5, children can become curious about death, they might begin to use the word 'dead', and develop an awareness that this is different to being alive. However, they do not grasp that death is permanent, and can often think the person will return. Avoid using phrases such as, 'passed away' or 'lost' to help avoid confusion or misunderstanding.

Children at this age may feel guilty and believe that they are responsible for the death of a loved one. They might also worry about being abandoned or who might take care of them.

At this age, children struggle to put their feelings into words, and will tend to react to loss through behaviours, such as:

- Physical symptoms (altered appetite or disrupted sleep etc.)
- Fear of being alone
- Irritability or aggression
- Seemingly disinterested in play
- Language and toilet training may regress
- Repeat questions frequently

How to help:

- Show patience and tolerance
- Give honest answers, but do not feel you have to tell them everything in detail. Sometimes it can be helpful to give bits of information that can accumulate over time—not everything at once.

Primary school aged children (between the ages of 5-12) begin to develop a sense that death is permanent, and irreversible. As they become more aware of this and become aware that death is a natural part of all living things, they may become anxious about their own safety, or the safety of

those close to them. Children may experience a range of emotions (guilt, anger, shame, anxiety, sadness) and worry about their own death.

They may react through behaviours such as:

- School phobia or poor school performance
- Physical symptoms or regression
- Becoming withdrawn from friends
- Aggression
- Worrying who will take care of them, and becoming 'clingy'
- Feeling like they are to blame for the death

How to help:

- Reassure children that the death is not their fault
- Provide opportunities to explore their feelings, and be able to ask questions frequently or repeatedly
- Provide honest answers that can be built on over time

We ask that any family who has experienced a bereavement to get in touch with the school so that we are aware and can offer any support that may be deemed necessary. This could include a referral to external services, or amending future lessons so as not to cause any further unnecessary distress.

Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in January 2027.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.

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

Mental Health Graduated Response

