**Mental Health and**

**Well-being Policy**



September 2024-2026

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# 1. Policy statement

At Harvills Hawthorn Primary School, we are committed to supporting the mental health and wellbeing (MHWB) of pupils, parents, carers, staff and other stakeholders.

This policy was written in consultation with our governors and school Mental Health Team.

# 2. Scope

This policy is intended to:

* Provide guidance to school staff on our school’s approach to promoting positive mental health and wellbeing across all communities in the school
* Inform pupils and parents about the support that they can expect from the school in respect of supporting mental health and wellbeing

Read this policy in conjunction with:

* SEND Policy
* Positive Behaviour, Relationships and Culture Handbook
* Anti-Bullying Policy
* Safeguarding and Child Protection Policy

# 3. Policy aims

* Promote positive mental health and wellbeing across the whole school for all children, staff and families
* Create a culture of wellbeing and inclusion by supporting the mental health needs of all children, including those with mental health conditions or disabilities
* Foster a positive atmosphere in school, where pupils feel able to discuss and reflect on their own experiences with mental health openly
* Celebrate all of the ways pupils achieve at our school, both inside and outside the classroom
* Allow pupils to participate in forming our approach to mental health by promoting pupil voice
* Give pupils the opportunity to develop their self-esteem by taking responsibility for themselves and others
* Spread awareness of the varieties of ways mental health issues can manifest
* Support staff to identify and respond to early warning signs of mental health issues
* Provide support to staff working with pupils, parents and carers with mental health issues
* Provide support and access to resources for pupils, staff and families experiencing mental ill health

# 4. Legal basis

This policy was written with regard to:

* [The Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents)
* [The Data Protection Act 2018](https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted)
* Articles 3 and 23 of the [UN Convention on the Rights of the Child](https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child)

# 5. Roles and responsibilities

All staff are responsible for promoting positive mental health and wellbeing across the school and for understanding risk factors. If any members of staff are concerned about a pupil’s, parent or colleagues’ mental health or wellbeing, they should inform the DSL/Mental Health Lead.

Certain members of staff have extra duties to lead on mental health and wellbeing in school. These members of staff include:

* Headteacher is the Designated Safeguarding Lead, Senior Mental Health Lead and Mental Health First Aider
* Deputy Headteacher is a Deputy Designated Safeguarding Lead, Mental Health First Aider
* Family Worker is a Deputy Designated Safeguarding Lead, accredited I-Act Manager
* SENDCO Administrator is an accredited I-Act Manager
* Mental Health Steering Group – this group has all stakeholders represented and works to ensure the promotion of good mental health and well-being for all stakeholders.
* Mental Health Team – this group assess MHWB needs and refer to appropriate pathways for support
* Creative Well-Being Champion – Miss Allen
* Movement Well-Being Champion – Mrs D’Vaz
* Staff Social Champion – Mrs Kitching

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**6. Harvills Hawthorn Primary School Mental Health and Well-Being Provision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 Tiers of Provision | Pupils | Staff | Families | Community |
| 1. Universal offer | * ‘Lived values’ * Trauma informed ethos and environment * All staff trained in emotion-coaching * Curriculum * Assemblies inc. ‘Healthy Mind, Happy Me’ class assemblies * Nests * Safeguarding/Pastoral office available * Well-Being Hub * Trusted Adult available to all | * ‘Lived values’ * PPA at home * Mental Health First Aiders - J Sheen and M Soper * Emails with information, support and signposting * Menopause Co-ordinator and Policy in place | * ‘Lived values’ * Harvills Family Hub Spoke * Open-door policy * Clear, rigorous system of escalation through staff members, upwards if needed. * Access to Family Worker * Coffee morning * Wellness Playtime * Parenting courses (PBS, Changes, Stepping Stones and Solihull Approach) * Emails signposting and providing information * Sandwell Parents for Disabled Children * Application to Family Fund * Referral to Welfare Rights | * Harvills Family Hub Spoke * ‘Lived values’ * Signposting to ‘the hut’ after-school play activities “Go Play” * Wellness Playtime |
| 1. Targeted school offer | * Therapeutic Mentoring and Counselling strategies * Sensory after-school club * Nutrition club after school * Specialisms of DDSLs * Nurture | * Supervision within school * Two i-act accredited staff | * Harvills Family Hub Spoke * Referrals to: Early Help, Working Together with Families, Safer Families, Children’s centre, Health visitor, School nurse * Signposting to SENDiASS | * Harvills Family Hub Spoke and Sandwell Family Hubs |
| 1. Targeted professional offer | * Art Therapy * Referral to Reflexions * Referrals to: Building Braver Minds (previously known as Looking Forward), Breaking Silence, Black Country Women’s Aid, Sandwell Healthy Minds. * Referrals to: CAMHS, Kaleidoscope, BEAM via SPA (Single point of access), Reflexions, Specialist Educational Mental Health Practitioner * This is me (TIM) group sessions * Rhi's (BeCre8tive) Art/Drama workshops (voluntary service via Kaleidoscope) * Generation England developing leadership skills (Ash Butt) * Generating England Innovating Youngsters programme (Ash Butt) * Rhi's (BeCre8tive) Young Carers Club | * Therapist * Occupational Health referrals * Supervision externally from Ed Psych (Individual and group) | * Family Therapy – Building Greater Relationships * Referral to Reflexions * ‘Helping Hands’ referrals for specialist parenting courses for children on a pathway to diagnosis * Parental consultation/supervision with Ed Psych * Reflexions and Specialist Educational Mental Health Practitioner | * Harvills Family Hub Spoke and Sandwell Family Hubs |

# 7. Warning signs

All staff will be on the lookout for signs that a pupil's mental health is deteriorating. Some warning signs include:

* Changes in mood or energy level
* Changes in eating or sleeping patterns
* Changes in attitude in lessons or academic attainment
* Changes in level of personal hygiene
* Social isolation
* Poor attendance or punctuality
* Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
* Abuse of drugs or alcohol
* Weight loss or gain
* Secretive behaviour
* Covering parts of the body that they wouldn’t have previously
* Refusing to participate in P.E. or being secretive when changing clothes
* Physical pain or nausea with no obvious cause
* Physical injuries that appear to be self-inflicted
* Talking or joking about self-harm or suicide

# 8. Managing disclosures

If anyone makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring.

Staff will focus on the person’s emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice.

Staff will always follow the school’s safeguarding policy and pass on all concerns to the DSL / Mental Health Lead. All disclosures are recorded and stored in the pupil’s confidential child protection file.

When making a record of a disclosure, staff will include:

* The full name of the member of staff who is making the record
* The full name of the pupil(s) involved
* The date, time and location of the disclosure
* The context in which the disclosure was made
* Any questions asked or support offered by the member of staff
* If a member of staff is worried about a child’s mental health and well-being they should complete the Sterling Well-Being Scale and 3 Houses with the child. This should then accompany the disclosure and be uploaded to Safeguard.

# 9. Confidentiality

Staff should not promise a pupil that they will keep a disclosure secret, instead they will be upfront about the limits of confidentiality.

A disclosure cannot be kept secret because:

* Being the sole person responsible for a pupil’s mental health could have a negative impact on the member of staff’s own mental health and wellbeing
* The Mental Health and Well-Being Team are best placed to decide on how to best support the pupil in question

Staff should always share disclosures with at least one appropriate colleague. This will usually be the DSL / mental health lead. If information needs to be shared with other members of staff or external professionals, it will be done on a need-to-know basis.

Before sharing information disclosed by a pupil with a third party, the member of staff will discuss it with the pupil and explain:

* Who they will share the information with
* What information they will share
* Why they need to share that information

Staff will attempt to receive consent from the pupil to share their information, but the safety of the pupil comes first.

Parents will be informed unless there is a child protection concern. In this case the Safeguarding and Child Protection Policy will be followed.

**9.1 Process for managing confidentiality around disclosures**

1. Pupil makes a disclosure
2. Member of staff completes the Sterling Well-Being Scale and 3 Houses with the child
3. Member of staff explains the issues around confidentiality and rationale for sharing a disclosure with DSL/Mental Health Lead
4. Member of staff will attempt to get the pupil’s consent to share – if no consent is given, explain to the pupil who you will share the information with and explain why you need to do this
5. Member of staff will record the disclosure, complete Sterling Well-Being Scale, 3 houses and share the information with the DSL/MH Lead
6. The Mental Health Lead will inform the parent/carer (if appropriate)
7. Any other relevant members of staff or external professionals will be informed on a need-to-know basis

# 10. Supporting pupils

**10.1 Universal support for all pupils**

As part of the school’s commitment to promoting positive mental health and wellbeing for all pupils, the school offers support to all pupils by:

* Raising awareness of mental health during assemblies, PSHE and mental health awareness week
* Signposting all pupils to sources of online support on the school website
* Having open discussions about mental health during lessons
* Providing pupils with avenues to provide feedback on any elements of the school that is negatively impacting their mental health
* Monitoring of all pupils’ mental health and well-being daily through meet and greet and observation, self-assessment tools
* Appointing a senior mental health lead with a strategic oversight of our whole school approach to mental health and wellbeing
* Offering pastoral support
* Making classrooms a safe space to discuss mental health and wellbeing through interventions such as:
* Class Nests
* Circle time
* Trusted Adults

**10.2 Assessing what further support is needed**

If a pupil is identified as having a mental health need, the Mental Health Lead will take a graduated and case-by-case approach to making an assessment and providing tailored support, further to the provision of the universal support as detailed in section 10.1. The school will offer support in cycles of:

* Assessing what the pupil’s mental health needs are
* Creating a plan to provide support
* Taking the actions set out in the plan
* Reviewing the effectiveness of the support offered

**10.3 Targeted School Offer - Internal mental health interventions**

Where appropriate, a pupil will be offered support that is tailored to their needs as part of the graduated approach detailed above. The support offered at our school includes:

* Nurture group – Treetops
* Reduced timetable
* Time out pass
* Therapeutic Mentoring and Counselling strategies

If I’m worried about a child’s mental health and wellbeing

Complete sterling well-being scale and 3 houses

Upload as a concern to safeguard along with any disclosure

Mental Health and Well-Being Team triage and assess need

Provide Teacher/member of support staff with strategies to support child.

Speak to parent/carer to share concerns and signpost.

Refer for targeted professional offer - if this is the case an IPM must be completed co-produced with child (where appropriate), teacher, SENDCO and parent/carer

Referral for targeted school offer

OR

**10.4 Targeted professional offer - Individual healthcare plans (IHPs)**

A pupil will have an individual healthcare plan (IHP) if they meet the criteria to receive Targeted Professional support.

IHPs are written in collaboration with the pupil (if appropriate), their parent/carer, and any other relevant professionals.

The pupil’s IHP will contain the following details:

* The mental health/well-being issue (and its triggers, signs, symptoms and treatments)
* The pupil's needs resulting from the condition
* Specific support for the pupil’s educational, social and emotional needs
* The level of support needed
* Who will provide the support
* Who in the school needs to be aware of the child’s condition
* What to do in an emergency

**10.5 Making external referrals**

If a pupil’s needs cannot be met by the internal offer the school provides, the school will make, or encourage parents to make, a referral for external support.

A pupil could be referred to:

* GP or paediatrician
* CAMHS
* Mental health charities (e.g. [Samaritans](https://www.samaritans.org/), [Mind](https://www.mind.org.uk/donate/?gclid=Cj0KCQjw8O-VBhCpARIsACMvVLP7L3BCox1DaNvFhwHTB-2U8-08d90-tUtvZcN9Qba8kMvdwb7KY1EaAv3AEALw_wcB), [Young Minds](https://www.youngminds.org.uk/), [Kooth](https://www.kooth.com/))
* Art Therapy
* Referrals to: Building Braver Minds (previously known as Looking Forward), Breaking Silence, Black Country Women’s Aid, Sandwell Healthy Minds.
* Referrals to: CAMHS, Kaleidoscope, BEAM via SPA (Single point of access), Reflexions, Specialist Educational Mental Health Practitioner
* This is me (TIM) group sessions
* Rhi's (BeCre8tive) Art/Drama workshops (voluntary service via Kaleidoscope)
* Generation England developing leadership skills (Ash Butt)
* Generating England Innovating Youngsters programme (Ash Butt)
* Rhi's (BeCre8tive) Young Carers Club

The impact of interventions will be measured by completing the Sterling Well-Being Scale and 3 houses. The impact of interventions will be monitored by the Mental Health and Well-Being Team.

# 11. Supporting and collaborating with parents and carers

We will work with parents and carers to support pupils’ mental health by:

* Asking parents/carers to inform us of any mental health needs their child is experiencing, so we can offer the right support
* Informing parents/carers of mental health concerns that we have about their child
* Engaging with parents/carers to understand their mental health and wellbeing issues, as well as that of their child, and support them accordingly to make sure there is holistic support for them and their child
* Highlighting sources of information and support about mental health and wellbeing on our school website, including the mental health and wellbeing policy
* Liaising with parents/carers to discuss strategies that can help promote positive mental health in their child
* Providing guidance to parents/carers on navigating and accessing relevant local mental health services or other sources of support (e.g. parent forums)
* Keeping parents/carers informed about the mental health topics their child is learning about in PSHE, and share ideas for extending and exploring this learning at home

When informing parents about any mental health concerns we have about their child, we will endeavour to do this face to face.

These meetings can be difficult, so the school will ensure that parents are given time to reflect on what has been discussed, and that lines of communication are kept open at the end of the meeting.

A record of what was discussed, and action plans agreed upon in the meeting will be recorded and added to the pupil’s confidential record.

If appropriate, an individual healthcare plan (IHP) will be created in collaboration with parents/carers (see section 10.4).

# 12. Supporting peers

Watching a friend or family member experience poor mental health can be extremely challenging for pupils. Pupils may also be at risk of learning and developing unhealthy coping mechanisms from each other.

We will offer support to all pupils impacted by mental health directly and indirectly. We will review the support offered on a case-by-case basis. Support might include:

* Strategies they can use to support their family and friends
* Things they should avoid doing/saying
* Warning signs to look out for
* Signposting to sources of external support

# 13. Signposting

Sources of support will be displayed around the school and linked to on the school website, so pupils and parents are aware of how they can get help.

The Pastoral Team are available to provide further information to pupils and parents/carers if they want to learn more about what support is available.

Our school website has links to many organisations for children, adults and our school community:

<https://www.harvillshawthorn.co.uk/mental-health-and-wellbeing/what-is-mental-health1>

# 14. Whole school approach to promoting mental health awareness

**14.1 Mental health is taught in PSHE**

We will follow the [PSHE Association Guidance teaching mental health and emotional wellbeing](https://pshe-association.org.uk/mental-health-guidance).

Pupils will be taught to:

* Develop healthy coping strategies
* Challenge misconceptions around mental health
* Understand their own emotional state
* Keep themselves safe

For more information, ask to see our PSHE curriculum.

**14.2 Creating a positive atmosphere around mental health**

Staff will create an open culture around mental health by:

* Discussing mental health with pupils in order to break down stigma
* Encouraging pupils to disclose when they think their mental health is deteriorating

# 15. Training

All staff will be offered training so they:

* Have a good understanding of what pupils’ mental health needs are
* Know how to recognise warning signs of mental ill health
* Know a clear process to follow if they identify a pupil, colleague or family member in need of help

The Mental Health Lead has completed the DfE funded Whole School Approach to Mental Health and Well-Being qualification.

# 16. Support for staff

We recognise that supporting a pupil experiencing poor mental health can be distressing for staff. To combat this we will:

* Treat mental health concerns seriously
* Offer staff supervision sessions
* Support staff experiencing poor mental health themselves, referring to external agencies where appropriate
* Create a pleasant and supportive work environment

# 17. Monitoring arrangements

We will monitor and evaluate the effectiveness of the mental health policy and support services by seeking feedback from children, staff, and families.

This policy will be reviewed by Joanne Sheen bi-annually. At every review, the policy will be approved by the Behaviour and Safety Committee.

Appendix 1

Shape

Description automatically generated