



**St Saviour's School**

Achieve • Respect • Cooperate

## Mental Health and Wellbeing Policy



Updated September 2025

## St Saviour's School Mental Health and Well-Being Policy 2025

UNRC Article 3: Everyone who works with pupils should do what is best for each child

UNRC Article 36: Every child has the right to be protected from things that could harm them

UNRC Article 19: Every child has the right not to be harmed; they should be looked after and kept safe

### **The Importance of Mental Health and Well-Being**

At St Saviour's school, we aim to promote positive mental health and well-being for our whole school community; pupils, 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. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

All children go through ups and downs through their school career and some face significant life events. Research suggests that approximately 10% of children aged between 5 and 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement.

The Department for Education (DfE) recognises that: *"in order to help their pupils 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 pupil's well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that pupils are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils 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 be a school where:

- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils 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 and we have a separate policy dedicated to this.

## **Purpose of this Policy**

This policy sets out:

- how we promote positive mental health
- how we prevent mental health problems
- how we identify and support pupils with mental health needs
- how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse
- key information about some common mental health problems
- where parents, staff and pupils can get advice and support

## **Definition of Mental Health and Well-Being**

We use the World Health Organisation's definition of mental health and wellbeing:

***... a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.***

Mental health and well-being is not just the absence of mental health problems. We want all children/young people 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

## **A Whole School Approach to Promoting Positive Mental Health**

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:

1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. helping pupils to develop social relationships, support each other and seek help when they need to
3. helping pupils to be resilient individuals
4. teaching pupils social and emotional skills and an awareness of mental health
5. early identification of pupils 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 resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues.

## Roles and Responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some pupils will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some pupils more likely to experience problems. These can include: a physical long-term illness, having a parent who has mental health difficulties, death, and loss such as the loss of friendships, a family breakdown and bullying.

The school's Pastoral team (Head Teacher/Deputy Head teacher, SENCO and Designated Safeguarding Lead) are responsible for:

- leading and working with other staff members to coordinate whole school activities to promote positive mental health
- providing advice and support to staff and organising training and updates
- keeping staff up-to-date with information about what support is available
- liaising with the PSHE Leader on teaching about mental health (if different to the members of the Pastoral team)
- being the first point of contact and communication with mental health services
- leading on and making referrals to services

There are clear links with the Positive Behaviour Policy because we believe that behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, is likely to be related to an unmet mental health need. **We consider behaviour to be a form of communication.**

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families. (See appendix A)

## Supporting Pupils' Positive Mental Health

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

### *Class/School Council/RRS team:*

- Assemblies/discussions to raise awareness of mental health

### *Transition Support*

- Transition lessons/work in Year 6 during the Summer Term
- Transition meetings with parent/carers, pupils and relevant staff
- ELSA
- Additional transition plans/visits for vulnerable children throughout the school
- Key adults might support secondary school visits with vulnerable pupils
- Transition support for parents and pupils with autism diagnoses.

### *Class Activities*

- Recognition boards
- Sensory boxes
- Calming spaces
- Mindfulness and breathing/meditation in class
- Classroom scripts and signposting
- Class Government with class deputies

### *Whole School*

- Mental Health Wellbeing focus threading throughout the school ethos and PSHE curriculum
- Russian dolls: Share a worry
- Anna Freud Schools in Mind resources
- Encouraging positives relationships so children can be aware of trusted adults around them and where to find support
- Assemblies: links with oracy to discuss mental health themes; use of recommended, engaging materials ie books/videos etc
- SCARF resources
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school
- After school clubs eg: wide range available termly

### *Small Group Activities*

- Small friendship, social skills groups: circle of friends
- Lunchtime nurture support where needed
- Learning spaces for those pupils who are finding the classroom overwhelming
- ELSA/wellbeing groups: targeted support programmes
- Lunchtime

### *Teaching about Mental Health and Emotional Well-being*

At St Saviour's School we use Coram Life Education SCARF to teach our PSHE curriculum. SCARF's whole-school approach supports primary schools in promoting positive behaviour, mental health, wellbeing, resilience and achievement. It builds on the values of Safety, Caring Achievement, Resilience and Friendship, with a comprehensive and flexible toolkit to help strengthen the school's approach to pupil and staff mental wellbeing.

We supplement this using other resources such as those from Mentally Healthy Schools, The Anna Freud Centre and using Zones of Regulation.

The Early Years Foundation Stage Statutory Framework sets out standards to make sure children aged from Birth to 5 learn and develop and are kept healthy and safe. Personal, Social and Emotional Development (PSED) is a prime area of learning.

#### **Our approach is to:**

- provide a safe environment to enable pupils to express themselves and be listened to
- provide key and trusted adults with an emphasis on relationships
- ensure the welfare and safety of pupils as paramount
- identify appropriate support for pupils based on their needs
- involve parents and carers when their child needs support
- involve pupils with the care and support they receive
- monitor, review and evaluate the support with pupils and keep parents and carers updated

### **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 update training in order to enable them to keep pupils safe. Any member of staff concerned about a pupil will take this seriously and talk to the SENCO or Designated Safeguarding Team.

We will provide links to relevant information in our staffroom for staff who wish to learn more about mental health. The MindEd learning portal ([www.minded.org.uk](http://www.minded.org.uk)) 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 professional growth processes 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 consult SEMHIT, CAMHS, and the Early Intervention team to support and provide training sessions for all staff to promote learning or understanding about specific issues related to mental health and well-being.

### **Early Identification**

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible and provide a prompt response. We do this in different ways including:

- Discussions regarding pupils/families at the weekly pastoral meeting
- Identify individuals that might need support
- Working with the School office staff who are often the first point of contact with families seeking support
- Home visits in Foundation Stage to identify needs
- Induction meetings for pupils / families joining after the Reception year
- Analysing behaviour, exclusions, first aid incidents, attendance and weekly Behaviour monitoring / Anti-Bullying Forms
- Pupil surveys at the beginning of the school year
- Staff report concerns about individual pupils to the Pastoral team/SENCO and Designated Safeguarding Team
- Gathering information from a previous school at transfer or transition
- Parental meetings
- Enabling pupils to raise concerns to class teacher and support staff
- Enabling parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'
- Meetings with outside support services such as CAMHS, SEMHIT, SALT, ASCIT, Educational Psychologist

### ***Warning signs of a deterioration in mental health could include:***

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Vengeful thinking/ behaviour towards certain pupils/ adults
- Perceived negative attention from other pupils/adults
- 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
- Avoiding 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

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. A risk assessment and plan will be made.

### ***Managing disclosures***

A pupil 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 child 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 child's emotional and physical safety rather than of exploring 'Why?' Think TED (Tell, Explain, Describe.) For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded in writing and recorded on 'My Concern'. This written 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 a DSL ( to seek support and advice about next steps).

### ***Confidentiality***

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

- 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 pupil 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 mental health lead or DSL, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil. Parents must always be informed if a referral is being made.

If a pupil gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Leads, must be informed and a referral made to the Children and Families Hub immediately.

### ***Working with Specialist Services***

In some case a pupil's social emotional mental health needs require support from a specialist service. These might include anxiety, depression, school refusal and other complex needs.

We make links with a range of specialist services, such as CAMHS and SEMHIT, and have regular contact with the services to review the support and consider next steps, as part of monitoring the pupils' provision.

### ***Working with parents***

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 pupil, 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 highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

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 the child's confidential record.

### ***Working with all parents***

Parents are often very welcoming of support and information from the school about supporting their child's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues.
- Ensure that all parents are aware of who to talk to, and how to get 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 the positive mental health of their child through regular information evenings.
- Keep parents informed about the mental health topics their pupils are learning about in PSHE and share ideas for extending and exploring this learning at home.

We display relevant sources of support in communal areas through emails and the school's social media pages. We regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of the pupil or parent seeking help by ensuring families understand:

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

### ***Supporting peers***

When a pupil 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 by the student who is suffering and their parents 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
- 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

**Monitoring and Evaluation**

The effectiveness will be monitored by the Pastoral team. This policy will be reviewed every three years or sooner if deemed necessary.

**Policy Review**

September 2028

See also:

Safeguarding & Child Protection Policy  
Inclusion Policy  
Counter-Bullying Policy  
Positive Behaviour policy  
Personal, Social and Health Education (PSHE) Policy

## **Appendix A:**

### **Support available: In school/in the community**

There are many local support services or charities that might be accessed by school or by families, many of these have no cost. This list is by no means exhausted, but contains ones known to us.

The Jersey Online Directory [www.jod.je](http://www.jod.je) has details of how to access support groups, services, organisations, and activities and includes a section dedicated to health and wellbeing. Other specific organisations are listed below:

Support includes:

- Pastoral Team: Designated safeguarding leads
- SENCO who helps staff understand their responsibilities to pupils with special educational needs (SEN), including pupils whose mental health problems mean they need special educational provision.
- Mental Health Lead/Mental Health First Aider
- SEMHIT
- ELSA
- Wellbeing facilitator
- Child and Adolescent Mental Health (CAMHS) - core meetings to support staff to manage mental health needs of pupils
- Educational Psychology
- You matter
- Jersey Youth Service
- MIND Jersey
- Jersey Adult Mental Health Services
- Liberate
- NSPCC
- Samaritans
- Women's refuge
- Childline
- Relate
- The Bridge: parenting services
- Education Welfare Service

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

### **Prevalence of Mental Health and Emotional Wellbeing Issues**

- 1 in 10 pupils and young people aged 5 - 16 in the UK suffer from a diagnosable mental health disorder - that is around three pupils in every class.
- Between 1 in every 12 and 1 in 15 pupils 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 pupils 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 pupils aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 pupils and young people have an anxiety disorder.
- 72% of pupils in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged pupils. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) Minded ([www.minded.org.uk](http://www.minded.org.uk)).

### **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 pupils and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

### **Online support**

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

### **Books**

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers  
Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers  
Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Pupils and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

### **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.

### **Online support**

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

### **Books**

Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

### **Anxiety, panic attacks and phobias**

Anxiety can take many forms in pupils 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.

### **Online support**

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

### **Books**

Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

### **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.

### **Online support**

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

### **Books**

Amith Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Susan Conners (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

### **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.

### **Online support**

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org) On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edgechildline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edgechildline-spotlight/)

### **Books**

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge

### **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.

**Online support**

Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders) Eating Difficulties in Younger Pupils and when to worry: [www.inourhands.com/eating-difficulties-in-younger-pupils](http://www.inourhands.com/eating-difficulties-in-younger-pupils)

**Books**

Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) Eating Disorders Pocketbook. Teachers' Pocketbooks

### **Appendix C: Guidance and advice documents**

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping pupils safe in education - statutory guidance for schools and colleges. Department for Education (2014)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for pupils and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our pupils and young people's mental health and wellbeing - a report produced by the Pupils and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for pupils and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education NICE guidance on social and emotional wellbeing in secondary education What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Pupils's Bureau (2015)

## **Appendix D: The Importance of Preventative Measures Sources or support at school and in the local community**

### **School based support for staff**

#### **What do we do to promote the positive well-being of staff?**

- Induction mentors/ buddies
- Opportunities to socialise outside of school
- Facilitate teamwork and support
- Timetabled opportunities to talk about pupils
- Non-judgemental approach
- Value opinions
- Culture of collegiality
- Give staff time
- Respect confidentiality
- Professional culture of mutual respect
- Genuine community spirit valued
- Refer to the Staff Wellbeing Policy

### **School Based Support for pupils**

#### **What do we do every day to promote the positive well-being of pupils?**

- Greeting pupils as they arrive and leave
- Assemblies
- Range of communication methods between home and school
- Knowledge of families and strong relationships
- Rights Respecting Schools Group
- Oracy
- OPAL
- Peer Mediation
- Individual feedback
- Pupil conferencing
- Staff meeting time to discuss pupils
- Outdoor learning opportunities
- Time to talk with a number of adults: Russian dolls
- Well-being
- ELSA
- Check-in and check out
- Various Clubs to foster self-esteem and encourage Pupil Voice –Eco-Club, School Council, netball, cross country, multi sports
- Reduced timetable, alternative provision where appropriate
- Restorative Practice

### More structured sources of support at school

What is it?	Who it is suitable for?	How it is accessed?	How this information is communicated to students / parents?
<b>Well-being support</b>	Pupils who need support with internalised behaviour	Through termly Planning and Review Meeting (PARM) with well-being facilitator	Consent letter from parents, conversation with SENCo
<b>Circle of Friends</b>	Pupils with friendship issues	Through SENCo and/or class teacher	Conversation with all parents and whole class
<b>Early Help</b>	Families who may benefit from a coordinated approach to meet their child's needs	Through SENCo and trained early help facilitators in school	Meeting with parents and outside agencies
<b>EAL support</b>	Pupils new to the Island, with EAL to support transition	Through central EAL team	EAL team liaise with class teachers to communicate with parents
<b>Well-being groups including Forest School, gardening, nurture, cooking</b>	Pupils who need support with social and development, experiencing changes emotional or family	Through SENCo	Conversation with parents
<b>Family Support Worker</b>	To support families with parenting strategies/ advice	Through SENCo/ Headteacher and Children and Families Hub	Conversation with parents/ promoted through newsletter
<b>Respite holiday care</b>	To support families during school holidays	Through liaison with SENCo who will work with Bosdet Foundation	Conversation with parents, meeting with

## **Appendix E:**

### **Talking to pupils when they make mental health disclosures**

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on child protection and discussed with relevant colleagues as appropriate.

#### **Focus on listening**

"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."

If a pupil has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

#### **Don't talk too much**

"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."

The pupil should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

#### **Don't pretend to understand**

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

#### **Offer support**

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

### **Acknowledge how hard it is to discuss these issues**

“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me.”

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

### **Don’t assume that an apparently negative response is actually a negative response**

“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud or else I’d have to punish myself.”

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn’t mean they’ll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don’t be offended or upset if your offers of help are met with anger, indifference or insolence, it’s the illness talking, not the student.

### **Never break your promises**

“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the student’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

## **Appendix F:**

### **What makes a good CAMHS referral?**

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps. Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

#### General considerations

- Have you met with the parent(s)/carer(s) and the referred child/pupils?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

#### Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/pupils
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

#### **Reason for referral**

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved

#### **Further helpful information**

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

CAMHS referrals are now made through the Children and Families Hub through the gov.je website