

**Twiss Green**

**Community Primary School**

**Mental Health and Self Harm Policy**

**September 2021**

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| Date of Approval: | 7th September 2021 |
| Signed: Chair of Governing Body |  |
| Signed: Acting Head Teacher | **Katy Fuller** |
| To be reviewed by: | September 2022 |

This policy complies with the non-statutory guidance given in the published DFE document: Mental Health and Behaviour in Schools (November 2018). It has been written as guidance for staff, parents or carers and children with reference to the following guidance and documents:

* SEN code of practice (which takes account of the SEN provisions of the SEN and Disability Act 2001) September, 2014
* Equality Act 2010
* Children and Families Act 2014

CONTEXT AND RATIONALE

* Contributing positively to priorities such as enhancing teaching and learning, raising standards, promoting social inclusion and improving behaviour and attendance.
* Involving pupils more fully in the operation of the school.
* Helping pupils and staff feel happier, more confident and more motivated.
* Helping to meet legal, ethical and curricular objectives.

We promote a caring, supportive environment in which each individual is valued and respected. We have high expectations for all and aspire to achieve excellence. We appreciate that everyone experiences life challenges that can make us vulnerable. At times, anyone may need additional support to maintain or develop good mental health.

We firmly believe that all children and young people have the right to be educated in an environment that supports and promotes positive mental health for everybody. All adults have the right to work in an environment that supports and promotes positive mental health for everybody.

MENTAL HEALTH AND WELLBEING: KEY PRINCIPLES

A mentally healthy environment has:

* A clear and agreed ethos and culture that accords value and respect to all
* A commitment to being responsive to children and young people’s needs
* Clear guidelines for internal and external referrals
* Strong links with external agencies to provide access to support and information
* A named lead for mental health promotion with the expectation that there is support and involvement and an ethos that ‘mental health is everyone’s business’

A mentally healthy environment is a place where children and young people:

* Have opportunities to participate in activities that encourage belonging
* Have opportunities to participate in decision making
* Have opportunities to celebrate academic and non-academic achievements
* Have their unique talents and abilities identified and developed
* Have opportunities to develop a sense of worth through taking responsibility for themselves and others
* Have opportunities to reflect
* Have access to appropriate support that meets their needs
* Have a right to be in an environment that is safe, clean, attractive and well cared for
* Are surrounded by adults who model positive and appropriate behaviours, interactions and ways of relating at all times

A mentally healthy environment is a place where staff:

* Have their individual needs recognised and responded to in a holistic way
* Have a range of strategies that support their mental health, eg a named person to speak to, signposting
* Have recognition of their work-life balance
* Have the mental health and well-being of the staff reviewed regularly
* Feel valued and have opportunities to contribute to decision making processes
* Celebrate and recognise success
* Are able to carry out roles and responsibilities effectively
* Are provided with opportunities for CPD in line with school priorities
* Have their unique talents and skills recognised and opportunities are provided for development
* Have time to reflect
* Can access proactive strategies and systems to support them at times of emotional needs in both the short term and the long term

A mentally healthy environment is a place where parents/carers:

* Are recognised for their significant contribution to children and young people’s mental health
* Are welcomed, included and work in partnership with schools and agencies
* Are provided with opportunities where they can ask for help when needed
* Are signposted to appropriate agencies for support
* Are clear about their roles and expectations of their responsibilities in working in partnership with schools
* Opinions are sought and valued and responded to
* Strengths and difficulties are recognised, acknowledged and challenged appropriately

A mentally healthy environment is a place where the whole school community:

* Is involved in promoting positive mental health
* Is valued for the role it plays in promoting positive mental health
* Contributes towards the ethos of the school

A healthy learning environment provides opportunities that promote positive mental health, through the standard curriculum and extended provision, eg Circle Time, play, nurture groups, differentiated learning activities, peer massage, individual timetables, parents/carers groups, challenging stereotypes, etc.

IMPLEMENTATION IN SCHOOL

**The school promotes and provides a range of services to pupils:**

• School council, peer listeners and wellbeing ambassadors to act as mentors
• Pastoral staff and qualified mental health first aiders
• Co-ordinated support from a range of external organisations, including a clear identified system of escalation to the authority if concerns are significant
• Welcome days and transition events – including a planned transition back to school for all children following school closure due to COVID 19

* A Curriculum which explores opportunities to discuss mental health through a variety of subjects (e.g. PSHE and English) as well as planned curriculum enhancements to further explore mental health (e.g. World Mental Health Day).

**The school promotes an anti-bullying culture through:**

• A strong school ethos which empowers tolerance and respect, including respect for difference and diversity
• High profile of anti-bullying procedures and policy through corporate posters, assemblies and events such as national anti-bullying week.
• Active listeners, including assistants and adults other than school staff to whom the victim may turn.

**The school promotes and strengthens the pupil voice through:**

• A democratic process for the election of school council representatives
• Timetabled meeting time for members of the school council
• Involving pupils in interviews for members of staff

• Opportunities in assemblies

* Providing pupils with other responsibilities in school such as wellbeing ambassadors, play leaders, Year 6 buddies, and child governors.

**The school promotes the involvement of parents and carers in the life and learning of the school through:**

• Parent questionnaires
• Regular consultation about change and development through questionnaires and meetings
• Parent evenings, Sports and Theme Weeks and Concerts/Music Events
• Involvement in school trips and extracurricular activities
• Regular communication and involvement over pupil progress, behaviour and pastoral issues and support during school closure due to COVID 19 and reintegration back to school.

**The school facilitates a context for learning through:**

• Enhancing school and classroom layout; facilities and resources
• Recognising the background of individual pupils and their physical, social and emotional needs• Establishing clear rules, routines and expectations about behaviour for learning and social cohesion.
• Encouraging positive, caring and constructive relationships

**The school enhances pupil motivation and learning through:**

• Consistent support for vulnerable children and those with SEN from trained teams of pastoral, learning support, teaching assistants and other agencies where appropriate.
• A range of challenging opportunities for gifted and talented pupils
• An exciting and varied range of extra-curricular events and trips
• A balanced curriculum with opportunities for intellectual, physical and expressive development
• Recognising a range of learning styles
• Encouraging independence in learning and promoting resilience

**The school enhances pupil self-esteem and personal development through:**

• Curriculum delivery, particularly of PSHE
• Information, advice and guidance on sex and relationships and drugs
• Careers advice
• Opportunities for pupil leadership through school council, child governors, wellbeing ambassadors
• An emphasis on praise and reward
• Opportunities for reflection and spiritual development through art, literature and the RE curriculum

The school enhances staff motivation, learning and professional development through:

* Curricular planning time within the school week
* Whole school training events, including Safeguarding
* Access to appropriate external training
* Involving all staff in decision making and proposed change
* Provision of non-contact time to allow for planning, delivery and evaluation of healthy school activities
* Consultation on training and support needs through regular discussion
* Planned CPD
* Opportunities to work alongside SLT to manage work load expectations

The implementation of the policy for promoting positive mental health in schools:

Will give schools a cohesive and coordinated approach to mental health

Should underpin all policies and practices currently used in schools

Will raise awareness as to how the whole school community can look after their own mental health and that of others

Will help to de-stigmatise mental health

Will support people and provide opportunities that enable everyone to reach their potential

Will provide foundations for life-long learning

Will promote and strengthen resilience throughout the whole school community and empower everyone to face life’s challenges

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MENTAL HEALTH AND SAFEGUARDING

At Twiss Green Primary School, we understand that there may be a direct link between mental health and safeguarding. The ‘*Keeping Safe in Education 2020’* published document states:

“*All staff should also be aware that mental health problems, can in some cases be an indicator that a child has suffered or is at risk of suffering abuse, neglect, or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health whose behaviour suggests that they may be* *experiencing a mental health problem or be at risk from developing one”.*

At Twiss Green Primary, we have a graduated approach to mental health, which we follow to ensure the correct support is provided to the child as quickly as possible. Our safeguarding lead works closely with the senior leadership team to ensure that children who may be at risk of poor mental health or safeguarding are identified early and the most appropriate support implemented.

Research shows a rise in the number of young people who engage in self-harming behaviours. We believe that school staff can play an important role in preventing self-harm and also in supporting students, peers and families of those engaging in self-harm.

Self-harm is any behaviour where the intent is to deliberately cause harm to ones’ own body, without causing death. Examples of self-harm include:

* Cutting, scratching, scraping or picking skin
* Swallowing inedible objects
* Taking an overdose of prescription or non-prescription drugs
* Swallowing hazardous materials or substances
* Burning or scalding
* Pulling out hair or eyelashes
* Banging or hitting the head or other parts of the body
* Scouring or scrubbing the body excessively
* Biting parts of the body
* Under medicating (insulin)

Self-harm can also be linked to behavious that suggest that the young person does not care if they live or die, such as:

* Controlled eating patterns such as anorexia, bulimia or over eating
* Indulging in risky behaviour
* Indulging in risky sexual behaviour
* Destructive use of alcohol or drugs

Some young people plan to self-harm in advance, others do it suddenly. Some young people self-harm only a few times, but others do it regularly, and it can become an entrenched pattern of behaviour, or an addiction. For many young people self-harming is very private and is a form of release that does not attract the attention of others. It can take place in private, be dealt with in private and then covered up with clothing. Other terms that are used to describe self-harming are deliberate self-harm; self-inflicted harm; self-injury; deliberate self-injury. Young people often refer to self-harming as cutting, slashing or burning.

POTENTIAL WARNING SIGNS

School staff may become aware of warning signs which indicate that a student is experiencing difficulties that may lead to thoughts of self-harm. These warning signs should always be taken seriously and staff who observe any of these warning signs must share their concerns with the Designated Safeguarding Lead.

Possible warning signs include:

* Changes in eating or sleeping habits
* Increased isolation from friends or family, becoming more socially withdrawn
* Changes in activity and mood
* Lower academic achievement
* Talking or joking about self-harm or suicide
* Evidence of abusing alcohol or drugs
* Expressing feelings of failure, uselessness or loss of hope
* Use a dangerous or violent method of self-harm
* Self-harm regularly
* Are socially isolated
* Have a psychiatric illness

PROCEDURE IN SCHOOL FOR INCIDENTS OF SUSPECTED SELF-HARM

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to the self-harm such as anger; sadness; shock; disbelief; guilt; hopelessness; disgust and rejection. However, in order to offer the best help, it is important for staff to maintain supportive, professional and open attitude. Students who talk to staff about their self-harm eare showing a great deal of courage and trust, and they should be reassured that they will be helped and supported with being judged.

Young people who regularly self-harm will be known to the school and to CAMHS, and in those cases CAMHS advice on how to react to the self-harming will be followed.

If the self-harming is significant, the DSL or the deputy DSL should be notified immediately. They will assess the level of risk that the young person poses to themselves, and will make a plan for immediate support of the young person. Where the self-harm causes serious injury or is in the form or an overdose the emergency services must be called and parents informed immediately. In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times.

Young people who are known to self-harm should have a bespoke risk assessment written and shared with staff, and may be offered a daily check in to help them manage their negative thoughts and feelings, and to solve problems that are building up.

Any concern regarding self-harm, including threats to self-harm or suspected marks on the body, should be reported to the DSL and recorded in written form on CPOMs.

KEY PERSONNEL FOR MENTAL HEALTH AND WELLBEING (INCLUDING SELF-HARM)

Mrs Katy Fuller – Designated Safeguarding Lead

Mrs Susan Puckey – Deputy Safeguarding Lead/SENDCo/Mental Health First Adier

Mrs Lynsey Kelly – PSHEE Lead