



Greenside School

SEMH - Mental Health Policy

Last reviewed: 4th July 2024

To be reviewed: July 2027

Written by: E.Hair and Mental Health Team

Ratified by the Governors on: 4th July 2024

Policy Statement:

At Greenside Primary School, we are committed to supporting the emotional health and wellbeing of our pupils and staff.

We have a supportive and caring ethos and our approach is respectful and kind, where each individual and contribution is valued.

At our school we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support.

We take the view that positive mental health is everybody's business and that we all have a role to play.

At our school we:

- help children to understand their emotions and feelings better
- help children feel comfortable sharing any concerns or worries
- help children socially to form and maintain relationships
- promote self-esteem and ensure children know that they count
- encourage children to be confident and 'dare to be different'
- help children to develop emotional resilience and to manage setbacks.

We promote a mentally healthy environment through:

- Promoting our school values, curriculum drivers and encouraging a sense of belonging
- Promoting pupil voice and opportunities to participate in decision-making
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- Providing opportunities to reflect
- Access to appropriate support that meets their needs

We pursue our aims through:

- Universal, whole school approaches
- Support for pupils going through recent difficulties including bereavement
- Specialised, targeted approaches aimed at pupils with more complex or long term difficulties, including attachment disorder.

Scope:

This policy should be read in conjunction with our SEND policy in cases where pupils mental health needs overlap with these. This policy should also be read in conjunction with policies for our Positive Relationship Policy and Anti-bullying, and PSHE and SMSC policies. It should also sit alongside child protection procedures.

Lead Members of Staff:

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

- Maxine Lonergan – PSHE Lead
- Emily Hair- SEND Lead & Deputy Designated Safeguarding Lead
- Laura Brown – Family Support Worker and Designated Safeguarding
- Emily Middleton– Learning Mentor
- Sarah Shoesmith – Adult 1st Aid Mental Health



The Definition of SEMH:

We use the World Health Organisation's definition of mental health and wellbeing "a state of well-being 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 wellbeing 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 other
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

'Social and Emotional Well-being' refers to a state of positive mental health and wellness. It involves a sense of optimism, confidence, happiness, clarity, vitality, self-worth, achievement, having a meaning and purpose, engagement, having supportive and satisfying relationships with others and understanding oneself, and responding effectively to one's own emotions

'Mental Health Problems' refers to the wide range of mental health, emotional and social challenges, difficulties, conditions and illnesses that can beset both pupils and staff, including stress and burnout, anxiety, depression, attachment difficulties and behavioural problems.

The Principles of High Quality SEMH in our School:

- is a partnership between home and school
- ensures pupils' views are actively sought to influence lesson planning and teaching
- starts early and is relevant to pupils at each stage in their development and maturity
- includes the acquisition of knowledge, the development of life skills and respectful attitudes and values
- has sufficient time to cover a wide range of topics, based on the Mindmate Curriculum
- is taught through 6 key Mindmate themes:
 1. Feeling Good and Being Me
 2. Friends and Family
 3. Life Changes
 4. Strong Emotions
 5. Being the Same and Being Different
 6. Solving Problems (and making it better)
- is inclusive of difference: gender identity, sexual orientation, disability, ethnicity, culture, age, faith or belief, or other life experience
- uses active learning methods, and is rigorously planned and evaluated
- promotes equality in relationships, recognises and challenges gender inequality and reflects girls' and boys' different experiences and needs

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 is based on the Mindmate Curriculum and encompasses the following key 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, 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.

Supporting Children's Positive Mental Health;

We believe Greenside has a key role in promoting children positive mental health and helping to prevent mental health problems. Our School has developed a range of strategies and approaches using the Mindmate Curriculum (see appendix 4):

Pupil-led activities

- Whole school assemblies to raise the awareness of mental health
- Nurture Lunchtime Club – a lunchtime group supporting younger/ SEND pupils/lonely/upset children at lunchtimes.
- Learning Mentor yr5/6 Panda Room Lunchtime provision – enhancing social skills, communication and time to talk.

Transition programmes

- Transition Programme to secondary schools which includes all Year 6 children having taster days to support a smooth transition to secondary school.
- Summer term transition programme for all year groups for pupils identified needing more support with transitions to new class – 4 week programme ran by New Class TA and finishes with a social story/photobooks of new areas for pupils to have over the summer.

Class activities

- Class Dojo's- a mechanism where children can be praised for certain duties, tasks or things they have done, following our Positive Relationship Policy
- Happy Class Song – played at different times of the day
- Mental health teaching programmes- Mindmate lessons
- PHSE Circle times
- PE Lessons/Outdoor learning/Skipping workshops/Forest Schools
- Zone of regulation in pace for individual pupils or whole class



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Whole school

- Termly Mental Health Drop-In Sessions- Inclusion Lead for Social, Emotional & Mental Health Needs to run sessions for parents and carers to talk about mental health issues and do ongoing promotion
- October 10th- World Mental Health Day celebrated as a whole school- assembly, followed by class activities
- Displays and information around the School about positive mental health and where to go for help and support
- Anti-Bullying week- whole school participates in the national campaign through activities and attending a whole school assembly
- Time to Talk Day (7th February) celebrated as a whole school- assembly, followed by class activities
- Nurture groups run by FSW Team, Cluster play therapists, learning mentors or SENIT Inclusion workers
- Resilience Training for all staff and children- Growth Mindset
- Children's Mental Health Week (4th- 10th February) celebrated as a whole school- assembly, followed by class activities
- International Day of Happiness celebrated in whole school assembly and children are encouraged to carry out random acts of kindness
- Participation in Autism Awareness Week (led by SENCO)

Through PSHE we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

Identifying, Referring and Supporting Children with Mental Health Needs:

Our approach:

- Provide a safe environment to enable children to express themselves and be listened to
- Ensure the welfare and safety of children are paramount
- Identify appropriate support for children based on their needs
- Involve parents and carers when their child needs support
- Involve children in the care and support they have
- Monitor, review and evaluate the support with children and keep parents and carers updated.

Early Identification:

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- SDQ (Social Difficulty Questionnaires)
- Weekly Supervision Meetings with the Safeguarding Team
- Analysing behaviour, exclusions, visits for First Aid, attendance and sanctions.

- Using Leuven scales to identify children in EYFS who need support
- Staff report concerns about individual children to the relevant lead persons (using CPOMS).
- Worry Box in PANDA room for children to raise concerns which are checked by the Family Support Team and Mental Health Lead
- Pupil Progress Review meetings termly
- Regular meetings for staff to raise concerns.
- Family Support worker visits to home
- Gathering information from a previous school at transfer.
- Parental meetings in EYFS and home visits.
- Enabling children to raise concerns to any member of staff.
- Enabling parents and carers to raise concerns to any member of staff.

All staff at Greenside Primary School have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the Safeguarding/Family Support Team or the SENCO.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn
- Changes in activity or mood or eating/sleeping habits
- Falling academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- An increase in lateness or absenteeism
- Not wanting to do PE or get changed for PE
- Wearing long sleeves in hot weather
- Drugs or alcohol misuse
- Physical signs of harm that are repeated or appear non-accidental
- Repeated physical pain or nausea with no evident cause.

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. If there is a medical emergency then the School's procedures for medical emergencies are followed.

Disclosures by Children and Confidentiality:

We recognise how important it is that staff are calm, supportive and non-judgemental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our children is paramount and staff listen rather than give advice.

Staff make it clear to children that the concern will be shared with the Mental Health Lead or the Safeguarding Lead and will be recorded on CPOMS, in order to provide appropriate support to the pupil. All disclosures are on CPOMS, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

Assessment, Interventions and Support:

All concerns are reported to the Mental Health Lead, to the SENDCO and/or to the Safeguarding Team and are recorded. We then implement our assessment system, which is based on tiers of need to ensure that children get the support they need, either from within the School or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

Need	Evidence-based Intervention and Support	Monitoring
The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children	The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children For example	
Highest need	CAMHS-assessment, 1:1 or Cluster family support or treatment, consultation with school staff and other agencies Other External agency support. Other interventions e.g. art therapy. If the school, professionals and/or parents conclude that a statutory Education, Health and Care Assessment is required, we refer to the SEND policy and SEN School Information Report.	All children needing targeted individualised support will have an Individual Care Plan drawn up setting out • The needs of the children • How the pupil will be supported • Actions to provide that support • Any special requirements Children and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g. through a pre and post SDQ and if needed a different kind of support can
Some need	Access to in school nurture group, family support worker, school nurse, art therapy, play therapy, educational psychologist, 1:1 intervention, small group intervention,	



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	skills for life/wellbeing programmes, circle of friends.	be provided. The Care Plan is overseen by the SEMH Lead.
Low need	General support E.g. Learning Mentor wellbeing check in, class teacher/TA,	

Children are informed that the Inclusion Lead for Social, Emotional & Mental Health Needs is available when a pupil is dissatisfied with the level of care and support.

Support for friends

We recognise that when a pupil is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected. In the case of eating disorders and self-harm, it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case by case basis what support might be appropriate, including one to one and group support.

We will involve the pupil who is suffering and their parents/carers and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing/saying which may inadvertently cause upset and warning signs that their friend needs help.

We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

Working with Specialist Services to get swift access to the Right Specialist Support and Treatment:

In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders. We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the children's Individual Care Plan.

School referrals to a specialist service will be made by the Mental Health Lead or the SENDCO following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the pupil and parent/carer and when it is the most appropriate support for the pupil's specific needs.

Main Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral by MINDMATE Spa, or referral to Cluster via School
Educational Psychologist Consultation	Accessed through the SENCO
Leeds Single Point of Access	Accessed through the Mental Health Lead or SENCO

Involving Parents and Carers in Promoting Mental Health:

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting children who do have mental health needs. We ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on



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a list of risk factors pertaining to the child or family (see appendix 1). It is very helpful if parents and carers can share information with the School so that we can better support their child from the outset. All information will be treated in confidence.

To support parents and carers:

- We organise a range of activities such and workshops via the Cluster or our Family Support Team, which focus on ways to actively build children's self-esteem and confidence
- We provide information and websites on mental health issues and local wellbeing and parenting programmes and have produced leaflets for parents on mental health and resilience, which can be accessed on the School website. The information includes who parents can talk to if they have concerns about their own child or a friend of their child and where parents can access support for themselves. We include the mental health topics that are taught in both the PSHE and SEMH curriculum sections, on the School website

<https://www.greenside-sch.org/positive-mental-health-and-wellbeing/>

We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also aim to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available.

When a concern has been raised, the school will:

- Contact parents and carers and meet with them (In almost all cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified.)
- Offer information to take away and places to seek further information
- Be available for follow up calls
- Make a record of the meeting
- Agree a Mental Health Individual Care Plan including clear next steps, where needed
- Discuss how the parents and carers can support their child.
- Keep parents and carers up to date and fully informed of decisions about the support and interventions provided.

Parents and carers will always be informed if their child is at risk of danger and children may choose to tell their parents and carers themselves. We give children the option of informing their parents and carers about their mental health needs for themselves or of accompanying and supporting them to do so. We make every effort to support parents and carers to access services where appropriate.

Our primary concern is the children, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

Language:

Slang or everyday terms used in certain social circles will be discussed; this will surround discussion about what is and isn't acceptable language to use. Acceptable and agreed language



will be shared with parents/carers before it is delivered in class as an appendix to this policy (see appendix 3).

Mental Health and Wellbeing in staff:

A school's caring ethos and environment will have a major impact on the wellbeing of its staff and pupils. It's important for leaders to define that culture and vision, making it clear what behaviours, values and beliefs underpin it.

It is important too for the school leadership team (SLT) to build a culture of trust where school staff feel valued, can be open about their health and wellbeing and know how to access support if they need it.

For all of this to happen, it is essential for the head teacher and the school leadership team (including governors) to model good mental health and wellbeing behaviour and practice. It is also important for SMT to remember to look after their own mental health and wellbeing alongside that of their staff.

Some procedures that are in place to support the mental health and wellbeing of staff are:

- Supervision offered to staff
- Appraisal meetings focusing on the positive and setting of challenging, but realistic, targets
- Coaching, learning and reflective culture
- SMT open door policy for staff to discuss any concerns or worries they may have personally or professionally
- A team approach promoted and all staff feeling involved in decision making about School and workload
- A buddy up approach when completing tasks e.g. curriculum teams, reports
- A positive working environment e.g. staff room is kept tidy
- Wellbeing Staff board in Staff room with signposting of services and shouts out
- Weekly staff briefings
- SMT have an open door policy where staff they can go and talk and talk about any worries, pressures and anxieties on an individual basis where relevant support will be put in place.
- Staff Whatsapp and emails limited to working hours of 8am-6pm and no staff are obliged to reply on weekends or in holidays
- Menopause policy in place
- Golden days, PPA at home and all staff have at least one hour or more leadership time
- Mental Health First Aiders available in school
- Leave of absence requests approved to support special family occasions (such as own child's sports day, first day of school, special assemblies and dependent leave)
- Streamline work load, listening to staff voice, changes in policies e.g feedback policy and assessment procedures
- Mental health CPD available every term (opt in or out)
- Regular staff social events – inclusive of all staff



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- Staff share celebrations by bringing treats into the staffroom

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Appendices

Appendix 1

Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)

	Risk Factors	Protective Factors
In the child	• Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND • Post Covid 19 Lockdown	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord

	• Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	
In the School	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil and teacher relationships	• Clear policies on behaviour and bullying • ‘Open door’ policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influence
In the Community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities



Appendix 2

Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs Mental Health and Behaviour in School DfE March 2016 <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Annex C includes definitions, signs and symptoms and suggested interventions for

- Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self-Harm

Appendix 3

GLOSSARY OF TERMS:

Mental Health

An umbrella term embracing concepts of mental well-being, mental health problems, mental disorder and mental illness.

Mental Well-being

The positive capacities and qualities that enable young people to deal with the ups and downs of life.

Mental Health Problems

Broad range of emotional and behavioural difficulties that may cause concern to parents and carers and/or distress to the young person. Can be short or long term and will disrupt the child or young person's life even though they may not be diagnosable as a mental disorder.

Mental Illness

Problems that meet ICD-10, an internationally recognised classification system for mental and behavioural disorders. Associated with considerable distress and substantial interference in young person's daily life

Mental Disorder

Refers to the most severe types of mental disorder