Mental Health and Wellbeing Policy 2023-4

Lewannick, Boyton and Callington Primary Schools

This policy was adopted on	**September 2020 Reviewed on 21/09/2023**
This policy is to be reviewed again on	**April 2025**
Category	**Statutory**
Applies to	**Each school, TDAT**
Written by	**Justine Collins with reference to the Anna Freud National Centre for Children and Families**
Linked policies	**Behaviour policy including policy on Exclusions, Bullying policy, SEND policy, Safeguarding policy**

Policy statement:

As mentally healthy schools, we have adopted a whole-school approach to mental health and wellbeing. Our aim is to help children to flourish, learn, and succeed by providing opportunities for them, and the adults around them, to develop the strengths and coping skills that underpin resilience. We see positive mental health and wellbeing as fundamental to our values, mission, and culture.

Our whole-school approach involves all parts of our schools, working together and being committed. This includes a partnership working between governors, senior leaders, teachers, and all school staff as well as parents and the wider community.

A whole school approach:

A whole school approach is about developing a positive ethos and culture where everyone feels that they belong. It involves working with families and making sure the whole school community is welcoming, inclusive, and respectful. It means maximising children's learning through promoting good mental health and wellbeing across the school- through the curriculum, early support for pupils, staff-pupil relationships, leadership, and a commitment from everybody.

A whole-school approach will

- Understand the links between mental health and achievement
- Champion and support mental health and wellbeing for children and staff both strategically and practically as part of improvement planning
- Rely on a staff team committed to helping all children to develop the essential social and emotional skills they need to cope effectively with setbacks and remain healthy through whole school and class curriculum activities, and through strengthening broader protective factors to promote children's resilience and reduce risk factors in the family, at school, and in the broader community.
- Build healthy and strong protective relationships with children and families.

A whole school approach as an on-going culture and ethos:

Adopting a whole-school approach to mental health and wellbeing is a process, not a one-off activity. Our schools will plan and then regularly evaluate how plans are progressing:

- Identifying and building on strengths and good practice which contribute to good mental health in our schools.
- Identifying good external support, building relationships with these sources, and understanding how to best use what is available outside of school.
- Consulting with children, staff, parents, and carers so that everyone feels committed to positive mental health and wellbeing.
- Making sure that mental health and wellbeing of senior leaders, governors, teachers, all school staff, parents, and carers is also important. This will enable staff to model a positive approach to mental health and wellbeing.
- Encouraging openness in talking about mental health and challenging negative attitudes.
- Enhancing pupils and staff knowledge about how to maintain good mental health and wellbeing.
- Playing a key role in identifying emerging mental health needs of pupils by making sure staff can recognise signs and symptoms of mental health needs and know what to do should they have a concern.
- Having a clear process to follow where a concern is raised about a pupil's mental health- again developing links with specialist mental health services.
- Making sure children and adults are protected by policies, values and attitudes on **Behaviour, Exclusions, Bullying, Safeguarding, and SEND** and feel safe in the school environment and in the wider community.
- Ensuring that what is provided in school meets the needs of our children and their families.
- Measuring the impact of what we do will promote and support children's mental health in school.

What is good mental health and how can our schools promote and protect this?

A person's mental health affects how someone feels, thinks, and acts. It refers to a person's emotional, psychological, and social wellbeing. It affects how someone will cope with stress, relate to others, make choices, and play a part within a family, community, workplace and with friends.

When children have good levels of mental health, they can

- Learn and explore the world
- Feel, express, and manage positive and negative emotions
- Form and maintain good relationships with others
- Cope with and manage change, setbacks and uncertainty.
- Develop and thrive

If children have good mental health and develop coping skills it can help them to boost their resilience, self-esteem, and confidence. It can also help them to feel calm and engage positively with their education, which, in turn, will improve their educational attainment.

How the schools aim to promote and support children's positive mental health and wellbeing:

Our schools aim to help children to develop the social and emotional skills they need, providing them with coping skills and tools to understand, and manage their thoughts, feelings, behaviour, goals, and relationships, as well as to thrive, be self-aware, have confidence and be able to work in a team.

The curriculum:

From September 2020, all primary schools are required to teach Relationships Education and Health Education (RHSE) as part of their curriculum. Within this framework, our schools aim to put in place the building blocks for developing healthy and respectful relationships, focusing on families and friends, as well as on online relationships. Children need to learn how to be healthy- with a focus on mental wellbeing, learning how to take care of themselves, and knowing how and when to ask for support if problems arise.

Within this RSE framework, schools will

- Consider how children can build their confidence and resilience to maintain their mental health
- Promote equality and diversity so that all pupils can thrive together, and to help promote that being different is positive and not negative
- Teach pupils how to be safe online and the impact social media can have on their wellbeing
- Develop pupils' understanding of healthy relationships

Beyond these specific lessons, our schools aim to develop children's social and emotional skills throughout the curriculum and school life. Children should feel confident talking about mental health and wellbeing and understand how to support themselves. They should also understand when something might be wrong. School leaders will work with staff to develop ways to boost children's self-esteem and resilience as whole cohorts and with specific vulnerable groups.

Many resources exist which the school will use when appropriate such as "Partnership for Children": a charity to provide materials to build emotional resilience in children for school use. This includes downloadable activities for children aged 5-9 on feelings communication, friendship, rejection, and loneliness, dealing with anger, change and loss. E.g. a barometer for feelings of anger, and activities to explore what makes a good friend.

Creating a culture where mental health can be talked about openly:

School leaders will encourage a culture in which mental health and wellbeing is talked about openly and where children, parents, carers, and staff understand the importance of and links between good mental and physical health.

Staff will recognise that every child is different and may cope with challenging situations differently. Pupils and staff will have clear signposting within the school via posters and assemblies, reminding

them who to talk to if they need support or advice and promoting a sense of openness about seeking this.

Again, the schools will make use of wider resources to achieve creating this open culture towards mental health and wellbeing. For example;

"Mentally Healthy Schools" website includes many ideas for assemblies, lesson plans, and downloadable resources for teachers, plus advice on how to begin talking to a child, or parent or carer about mental health.

"Time to Change" features tried and tested simple resources to get children in schools thinking about mental health including games, lesson plans, videos and posters.

"The Anna Freud Centre for Children and Families" have compiled resources for schools, and families.

Children's voice:

A whole-school approach means listening to the voices of everyone in the school community and this includes children and parents as well as staff.

"***Children's voice" in schools means a whole-school commitment to listening to the views, wishes, and experiences of all children. It means placing value on what children tell school staff about their experiences and recognising that they are the experts on what it is like to be a pupil in their schools. Children need to know it is safe and important for them to express their views about what happens within their schools and that what they say will be valued, listened to, and considered.***

Evidence shows that schools with a strong commitment to pupil voice have reduced exclusions, better behaviour, better relationships across the whole school community and improving attainment and attendance.

Ways our schools will achieve listening to the pupil voice will include

- Creating regular and varied opportunities where children can participate in sharing their views with each other and school staff such as: school council, holding class "circle time", a suggestion box, and using our house system so that themes can be discussed in multi-age groups when appropriate and where older pupils are encouraged to care for younger pupils and become role-models.
- Considering ways to ensure all children are being heard across age-ranges, and where any barriers exist such as quieter children, vulnerable children, those for whom English is a second language, and those with S&L difficulties.
- Making sure consultation is varied to include areas such as: curriculum, facilities and the physical environment of the school, breaktimes, school clubs, uniform, bullying and welfare. Consultation will then be given full consideration by the SLT.
- Making sure the values and ethos of the schools reflect commitment to children's voice so that this is included in school action planning, the website, classrooms, newsletters/Facebook.
- Asking our children the best way to promote participation and ensuring their voices are heard within the schools and within their wider community.

- Regularly reviewing policies to check that they still work and discussing what may need to change.

Parent/Carer engagement:

As part of a whole-school policy, our schools aim to engage widely with members of the school community, empowering them to voice their opinions and communicating with them effectively to promote their child's learning and educational experience.

When parents/carers and schools work together, this has a positive impact on wellbeing, attendance, behaviour, sense of school belonging, intellectual development, and attainment across a range of social and economic backgrounds. Beyond involving parents in academic learning, our schools aim to:

- See every parent/carer contact as an opportunity to support protective factors so that they can work with school to help their child flourish and learn. We will use existing networks and events to ask parents/carers how they are doing.
- Being consistently available and in sight in the morning and after school so parents and carers get to know staff, staff roles, and develop a trusted point of contact if they need additional support or someone to talk to. Investing in parents/carers in this way will also reduce the risk of conflict.
- Welcoming parents and carers to the school and communicating with them in a non-judgemental way
- Non-academic opportunities for parents/carers to visit the school to build confidence and trust, become familiar with the school, and familiarise themselves with what happens on school, and what teachers are seeking to achieve with the children.

In terms of mental health and wellbeing initiatives specifically:

- Make our Mental Health Policy easily accessible to parents.
- Share ideas about how parents can support positive mental health in their children through planned information meetings.
- Keep parents informed about the mental health topics their children are learning about in PHSE and share ideas for extending and exploring topics at home, such as making use of resources such as:

"Mind You": Starting school Great Gloucestershire website with a useful page on starting school

"Family lives": website with articles and videos on topics such as making friends, positive discipline, homework, lying, stealing,

Supporting staff mental health and wellbeing:

It is important that all staff are given the right emotional and practical support so that they feel able to support their pupils. Positive staff wellbeing can increase productivity and engagement as well as improving job satisfaction. Research shows this will also help to reduce absence from work, both short and long term.

Practical strategies that promote staff wellbeing include:

- Teacher appraisal that is encouraging. Targets should be realistic and concentrate on raising standards for the children.
- Creating a sense of belonging to the school e.g. through team development opportunities
- Making staff recognition and praise part of your school's culture- setting aside regular time slots in meetings to do this

School culture and environment should promote this by:

- Creating an environment where staff can talk about concerns
- Having an open-door SLT where staff know they can discuss anything with them
- Staff are consulted about change and involved in problem-solving strategies.

Early warning signs that staff may be developing a mental health issue include:

- An increase in unexplained absences or sick leave OR working increasingly excessive hours and staying late
- Poor timekeeping
- Physical symptoms such as headaches, backache, constant tiredness, low energy levels
- Changes in behaviour such as increase in consumption of caffeine, alcohol, sedatives etc
- Changes in performance such as not getting things done, out of character errors, indecisiveness, memory problems, conflict with team members/manager
- Unusual displays of emotion, irritability, erratic behaviour, anxiousness, tearfulness, changes in sleep patterns.

Help and support should be provided to:

- Provide clear information for staff about where they can get help inside and outside the school environment it they need it.
- Provide advice and guidance for senior staff about supporting a member of staff with mental health difficulties.
- Being supportive of a member of staff who has a mental health issue. These measures include being positive and focusing on what someone can do rather than what he/she can't do, working together to find a solution, and remembering that people are often experts when it comes to identifying the support or adjustments they need to manage their triggers for poor mental health.
- Provide good training and development opportunities for staff at every levels. Although funds for this may be pressured, studies show that good CPD increases job satisfaction and contributes to good health and wellbeing.
- Senior staff will look after their own mental health and wellbeing and seek early support when needed.

It is helpful to develop a support plan or healthy work plan for members of staff who need this, which facilitates conversations about factors that impact on their wellbeing, and identify early signs that indicate they may be struggling, as well as highlighting what may help. MIND has developed a useful Wellness Action Plan (WAP)- see the MIND website (www.mind.org.uk)

What to do if child mental health difficulties exist already or arise:

Lead members of staff:

Whilst ALL staff have a responsibility to promote the mental health of students, staff with as specific relevant remits include

- Designated Safeguarding Lead for TDAT and Callington School: Antony Fugill
- DDSLs for Callington: Samantha Brooks, Andrea Ede, Debbie Spurr and Hannah Loss
- FSW Debbie Spurr
- Designated Safeguarding Lead at Lewannick: Sally Cook
- DDSL at Lewannick: Jacob Masters
- Designated Safeguarding Lead at Boyton: Katherine Davies
- DDSL at Boyton: Jane Gilman
- Special Educational Needs Co-ordinator across Callington, Lewannick and Boyton Schools: Samantha Brooks

The schools will also aim to appoint and train a **Senior Mental Health Lead.** This role is similar to the DSL role, and aims to provide each school with a member of staff who will provide guidance and initial support to colleagues, signpost to further and wider support available, as well as implementing whole school approaches about Mental Health.

- Senior Mental Health Lead at Callington: Jodie Hollington
- Senior Mental Health Lead at Lewannick: Lizzie Dennis
- Senior Mental Health Lead at Boyton: currently there is a vacancy for this position.

Warning signs:

School staff may become aware of warning signs which indicate a child is experiencing mental health or emotional wellbeing issues. These warning signs should *always be taken seriously* and staff observing any of these warning signs should communicate their concerns with the Senior Mental Health Lead.

Possible warning signs include:

- Physical signs of harm that are repeated or which appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about suicide or self-harm
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness, or loss of hope.
- Changes in clothing such as wearing long sleeves in warm weather
- Secretive behaviour

- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no physical cause
- An increase in lateness or absenteeism

Guide to staff on referring a child:

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Senior Mental Health Lead in the first instance.

If there is a fear that the student is in danger of immediate harm, then the usual child protection procedures should be followed with immediate referrals to one of the Safeguarding officers. The child should be taken urgently to their GP or to A&E as a priority either by their parents/carers, or where parental contact is not possible by the school DSL.

If the student presents with a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary. This should also include an immediate referral to one of the Safeguarding members of staff as detailed above.

When a referral to the Child and Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by the Mental Health Lead.

Further help and advice can come from the following (also see the Appendix of this Policy for more specific support):

- NSPCC helpline 8am-10pm Mon-Fri or 9am-6pm at weekends: 0808 800 5000
- Childline (anytime): 0800 1111
- Young People Cornwall Heads Up: youngpeoplecornwall.org
- Education Support Partnership (anytime): 0800 0562 561
- Young Minds Parents Helpline 9.30am-4pm Mon-Fri: 0808 802 5544

Staff Training about the mental health issues and procedure:

As a minimum, ALL staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep children safe.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our Performance Management Process and additional Continuous Professional Development (CPD) will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

Disclosures by pupils and confidentiality:

Our schools recognise how important it is that all our staff are calm, supportive, and non-judgemental to pupils who disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount, and staff should listen rather than advise. Staff should be clear to pupils that the

concern will be shared with the Mental Health Lead, and the DSL, and recorded to ensure provision of appropriate support to the pupil.

All disclosures will be recorded and held on the pupil's confidential file (see Individual Support Plans section) including the following: date, name of the pupil and the member of staff to whom they disclosed, summary of the disclosure, and next steps. All disclosures will be managed in accordance with the school's Child Protection (Safeguarding) Policy.

Working with parents when a mental health concern has been raised:

When a disclosure about mental health is made, senior staff (DSL or SMHL) need to be sensitive in their approach when informing parents, and it should always be considered that it can be shocking and upsetting for parents to learn of their child's issues. Many respond with anger, fear, or upset during the first conversation. As a school we should be accepting of this and give parents time to reflect.

We should always highlight further sources of information and provide helpline numbers where possible as they may find it hard to take much in whilst coming to terms with the news that you are 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 an agreed next step, and always keep a brief record of the meeting on the child's confidential record.

Working with all parents around mental health difficulties that arise:

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health needs. To support parents, we will:

- Highlight sources of information and support about common mental health issues on our schools' websites, such as NSPCC, Young Minds Childline
- Parents/carers/staff may also require specific relevant support information regarding self-harm, eating disorders, psychosis, anxiety, and depression. The Senior Mental Health Lead can signpost individuals further when necessary.
- Ensure all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child, or a friend of their child.

Risk factors to children's mental health:

There are many varied risk factors that may challenge and undermine children's mental health. As schools, we need to understand these to help to build good mental health, and resilience, and reduce the risks that can harm children's mental health.

Risk factors include:

- Bullying and cyberbullying

- Child abuse and neglect
- Family problems such as divorce, death,
- Family violence
- Poor parental mental health
- Parental substance misuse
- Poverty and unemployment
- School-based risk factors such as academic and exam stress, transitions, school exclusion, school absenteeism and avoidance, relationships with peers
- Vulnerable children: looked after children, young carers, children with an ASD, those who are ill, migrant or refugee children, children with SEND, children involved with gangs, children who are have protected characteristics under the 2010 Equality Act

Individual Care Plans:

We will draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents, and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

About school and local commissioning of services:

While our whole school approach aims to create a environment to promote mental wellbeing and mental health education for all children and staff, ***20-30% of children will need additional mental health support within school, and 3-12% need professional treatment and mental health intervention.***

There are a range of support and services available to promote different levels of need:

Resilience and wellbeing will be promoted by within our **whole school** via the curriculum, assemblies, circle time, mental health education campaigns. In this way we hope that early intervention will prevent problems escalating.

Linked to this, staff professional CPD will be promoted via CPD programmes, staff awareness INSET, a staff wellbeing strategy, and emotional wellbeing networks.

For lower-level needs, the **Family Support Worker, Debbie Spurr**, who is based in Callington School can work with some children in groups or on a 1:1 basis.

Each school has access to an **Educational Mental Health Practitioner or EMHP** provided by the local health authority who will work with broad groups of children and/or groups and individuals on low-medium grade mental health issues such as anxiety, relationship difficulties, loneliness, and resilience.

Parent support courses: “The Incredible Years” are free courses on coping with different issues in different age groups.

“Hear our Voice”: self-referral for one-to-one support and group work for 11-19 year olds

“Mind Your Way” website for young people with videos, blogs, information and local resources.

“Brook” offer counselling for any topic, not just relationship and sexual health, for any young person under 25 years, available in Truro and Newquay.

“The Wave” is a charity that run surfing therapy and beach school projects for young people in Cornwall.

“Aspire” for young people aged under 18 with ASD run in various locations throughout the country but based in The Dreadnought Centre in Redruth.

“Savvykernow” is a website that links all youth services in the Cornwall area. There is also a parents’ section link on this site.

Our schools aim to work a range of different service providers to improve confidence through this better knowledge of local help and what works, and to share good practice.

For the 3-12% who need professional treatment via access to CAMHS the Green Paper proposal was that waiting times would be reduced to 4 weeks. As noted above, when a referral to the Child and Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by the Mental Health Lead alongside the DSL.

Monitoring and Review:

Monitoring of mental health issues and Policy implementation will be via:

- Continuing CPD sessions delivered to staff relating to mental health
- PHSE and RSE topics relating to mental health
- An annual report on the number of reported concerns and referrals made to the Child and Adolescent Mental Health Services (CAMHS)
- An annual review of mental health within the school

There will be a full Policy review every 3 years as a minimum. Additionally, this policy will be updated on an ad hoc basis. If you have any questions or suggestions about improving this policy, these should be addressed to the Trust CEO: Antony Fugill

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

APPENDIX: Further information and sources of support about common mental health issues.

Prevalence of Mental Health and Emotional Wellbeing Issues (source Young Minds).

This explains why there is such a huge need to acknowledge and address mental health and wellbeing with children while they are in primary school.

- One in 10 young people aged 5-16 suffer from a diagnosable mental health disorder- that is around 3 children per class.
- The most prevalent conditions are anxiety, depression, conduct disorder, ADHD, ASD, eating disorders and mutism.
- Between 1 in every 12 and 1 in 15 children 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 young people suffer from severe depression.
- The number of young people aged 15-16 with depression doubled between the 1980s and 2000s.
- Over 8,000 children under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children have an anxiety disorder
- 72% of children in care have behavioural or emotional problems- these are some of the most vulnerable people in our society.
- **Early intervention can prevent problems escalating**

Below there is guidance about the issues that are most commonly seen in primary school-aged children.

Support on these issues can be accessed via:

- Young Minds (www.youngminds.org.uk)
- Mind (www.mind.org.uk)
- Minded (www.minded.org.uk)
- Anna Freud National Centre for children and families (mentallyhealthyschools.org.uk)

Bereavement and loss:

Grief is a natural response to death or loss of someone close due to family breakdown (e.g. due to parental separation, parents going to prison, care proceedings.) Some children will have experienced multiple losses and bereavements. Everyone will experience grief in a unique and individual way.

Most children, with the right support, will be able to find a way to move forward. There are no limits about how long grieving should last and what it should consist of, and it is a process that everyone goes through as they adjust and begin to cope without the person who they have lost or who has died.

If a bereaved child struggles to cope with the emotional impact of their grief or feels unable to move forward they can become 'stuck', which is known as complicated grief. This can result in them developing negative ways to cope with their thoughts and feelings about loss and predispose them to mental health problems if unsupported.

Children's feelings of loss and grief can be complicated by numerous factors including:

- The relationship they had with the person who has died. Complicated grief is more likely of the person was the child's parent, sibling, or best friend.

- The circumstances of the death. Particularly if it was sudden, unexpected, or the result of suicide or violence.
- If they have experienced several losses in a short period of time.
- How resourceful and resilient a child is and whether they have good coping skills.
- If they lack access to appropriate support systems and networks, or if the child is poor, exposed to substance abuse, domestic violence, or any other disadvantage.

Trauma:

Children can sometimes experience or witness something traumatic such as a road accident, crime, domestic violence, neglect that can cause a traumatic stress reaction which affects the was a child thinks, feels, and behaves. A distinction is often made between simple and complex or developmental trauma.

Simple trauma is usually a one-off traumatic event whereas complex or developmental trauma can be sustained through prolonged or repeated events such as abuse, neglect, violence, poor attachments, exposure to poverty, or exposure to unsafe communities. Trauma can change how children view their environment, people within it, and how they fit in. Trauma can affect their emotions, memory, behaviour, and ability to learn.

There may be a wide range of responses to trauma:

- Physical symptoms such as sleep problems, headaches, stomach pains, or going back to things they did at a younger age such as bedwetting or thumb-sucking.
- Children may become preoccupied with thoughts and memories of the event and unable to concentrate. They may be irritable.
- Trauma can be associated with problems in children's relationships with fellow pupils and adults.
- Some children can experience symptoms of trauma through listening to stories told by others who are directly affected by a traumatic event.

Sometimes trauma will be the result of a sudden violent incident or natural disaster that affects whole communities. We cannot protect children from feeling fear, anxiety, or pain but we can help them to process what has happened and help them to move forward. Children's brains are still developing so they can be more vulnerable to trauma than adults. It is important that their trauma is not ignored, or their behaviour interpreted incorrectly. Children need routine, attention, and reassurance to help them to feel safe again.

Attachment and child development:

Attachment refers to the relationship bond between a child and their primary caregiver which is formed in the early years and has a long-term impact in a child's sense of self, development, growth and future relationships with others.

Ideas about this were developed by the psychologist John Bowlby, who highlighted the importance of the child's relationship with their primary caregiver in terms of their social and emotional development and their ability to learn.

Insecure attachments develop if early interactions between a child and his/her caregiver are negative, inconsistent, neglectful, or abusive. When a child's caregiver and home environment is a source of fear rather than safety, children may behave in ways that are designed to promote their survival, but which may be difficult for school staff to understand and manage. For example, children may:

- Find it difficult to ask for help, manage their thoughts, emotions, and behaviour, form positive relationships with staff and peers, concentrate and take part in learning.
- Struggle to calm themselves down.
- Be both demanding and rejecting at the same time
- Be quickly or disproportionately angry or upset at times with no clear triggers
- Be scared of being vulnerable but may mask this by being highly controlling of others and through unpredictable and explosive outbursts.
- Avoid getting close to others and appear withdrawn or disengaged from school activities.
- Show little emotional response or confused/confusing responses (such as laughing when others are hurt.)
- Daydream or be hyperactive, or constantly fidget or move finding it difficult to focus and concentrate in class.

All these behaviours cause great difficulty in terms of classroom and school management.

Usually securely attached children are able to trust and rely on school staff to meet their needs, are confident about forming relationships with others, are able to make the most of learning opportunities, have the ability to problem solve and are emotionally resilient and self-aware. Yet children with attachment difficulties may not display these characteristics and it may be harder for them to;

- Gain confidence and the self-motivation that comes from exploring the world from a safe base
- Achieve appropriate developmental milestones
- Reach their academic and intellectual potential
- Develop good relationships with peers and school staff (often displaying a lack of empathy)
- Cope with stress, frustration and anxiety
- Concentrate and be able to plan ahead

Any child can develop attachment difficulties, but they are more common with children who have been looked after, or who have experienced other significant trauma which has affected their parent's ability to provide safe and secure care.

Anxiety:

It is natural for children to worry and be anxious at various stages of school and home life. Most will learn to manage their thoughts, feelings and emotions, but some need extra support. Anxiety can become a problem when:

- There isn't a clear reason for it
- It disrupts a young person's life at home or school regularly
- The problem has gone but the feeling of fear or panic hasn't

- It interferes with a child's ability to take part in activities
- Their worry seems out of proportion to the problem
- They become fearful or anxious more easily or more often or more intensely than others

Signs of a child having and anxiety disorder may be physical as well as emotional symptoms:

- Headaches, stomach aches, just feeling unwell
- Dizziness, faintness, breathlessness, sweating
- Not sleeping
- Not eating properly
- Being clingy and fearful, tearfulness
- Needing lots of reassurance
- Feeling down or depressed
- Having difficulty concentrating
- Wanting things to be perfect and getting frustrated if they are not
- Lashing out at others
- Hyper-alertness and difficulty keeping still

Low mood or depression:

When a feeling is more than just sad or persists for a longer time than everyday sadness it may move onto something more serious like depression. Signs can include:

- Being moody and irritable
- Not being interested in things they used to enjoy
- Not wanting to go to school or go out
- Often feeling tired or exhausted
- Becoming withdrawn and isolated from others
- Feeling unhappy and miserable, or becoming tearful
- Sleep problems or sleeping a lot
- Changes in appetite
- Being self-critical
- Feeling hopeless or worthless

Linked to this can be **Suicidal feelings and thoughts.** These will usually have built up incrementally over time in reaction to specific events, including for children who

- Are living with mental illness
- Are experiencing abuse
- Are being bullied or are a bully with a personal history of victimisation
- Are experiencing complex grief
- Have low self-worth
- Live with complex family issues (e.g. parental disputes, neglect, hostile and chaotic home environments.

Suicidal thoughts and feelings should always be taken extremely seriously and children who articulate such thoughts and feelings are at extreme risk. Schools should have Safeguarding measures in place to manage this.

Eating problems:

Eating disorders are a serious mental illness. Sometimes when self-worth is low or things feel emotionally out of control children focus on something they can control or change such as dislike of their body, managing it through controlled eating or bingeing. While eating disorders are rare among KS1 children, they can start to emerge during KS2. Although some associations exist between body image and eating disorders, there is no clear cause and effect, and disorders may reflect genetic, psychological and environmental risk factors.

Risk factors tend to include:

- A poor sense of self
- Feeling overwhelmed by difficult emotions and circumstances
- Depression
- Body image concerns and dissatisfaction
- Over exposure to popular or distorted media ideas of body image
- Involvement in sports or activities where body image and low weight are important

Signs of a possible eating disorder include:

- Social isolation
- Avoiding eating around others
- Low confidence and self-esteem
- Baggy clothes
- Obsessive or rigid behaviour
- Compulsive exercise
- Frequent trips to the toilet
- Perfectionism and setting unreasonable high personal standards
- Self-harm
- Changes to weight- gaining/loosing/fluctuating
- Having a distorted view of themselves as being fat (body dysmorphia)

Self-Harm:

Self-harm is when a child intentionally damages or hurts their body. It can become addictive because of the natural pain-relieving endorphins that are released when people hurt themselves, which can give a temporary sense of relief.

Each child's relationship with self-harm is complex and different. It can happen in times of anger, distress, fear, anxiety, loss, or depression. It can also be a coping strategy for

- Dealing with difficult situations
- Changing emotional pain into physical pain
- Communicating distress about something in a non-verbal way
- Attempts to relieve feelings of numbness, anger, or aggression

Self-harming and risky behaviours can also be a way for a child to punish themselves for feelings or behaviour that they think are their fault or because they have a very negative self-image.

Self-harm can include:

- Cutting, scratching, scraping or picking skin
- Burning or scalding
- Hair pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risky behaviours can also be a form of self-harm, although these may be misinterpreted or overlooked. While all children will take risks, and learning to manage them is an important part of development, when the risk taking is persistent, age inappropriate, extreme, or compromises a child's safety or wellbeing, it can be a way to communicate distress or highlight a child is struggling, using risk-taking to lift their mood, or to punish themselves in some way. Behaviours can include

- Persistently challenging behaviour
- Truancy
- Online risky behaviour (age inappropriate games, or relationships, sharing personal information)
- Eating disorders
- Sexualised behaviour
- Taking other risks that compromise safety, or which seek excessive sensations
- Taking illegal drugs/alcohol
- Attempted suicide

Some risk-taking may be a sign of other underlying needs such as ADHD, behaviour problems, or S&L needs.

Challenging Behaviours:

Persistently behaving in a challenging way is often how children communicate that something is wrong or that they are in distress.

Although many children go through phases when they don't behave, so children get stuck in patterns of challenging behaviour and struggle to find strategies to calm themselves down. When a child's behavioural problem becomes severe and persistent, they may be diagnosed with a conduct disorder, which is a mental health condition. This can affect both the child's ability to function as well as causing distress to others. About 5% of children aged 5-10 have conduct disorders.

Signs of this may include the following

- Being argumentative, angry, uncooperative, or irritable
- Frequent tantrums and angry outbursts
- Aggression, possibly provoking and bullying others
- Constant defiance
- Blaming others for things that go wrong
- Lying regularly
- Appearing to be cruel and lack empathy
- Seeking risky experiences without thinking of the consequences
- Self-harm

These children may struggle to calm and soothe themselves when faced with stress.

Children with conduct disorders have often been exposed to other challenges in early life such as poverty, housing insecurity, parents with mental health difficulties, and S&L delays.

The most common reason for **school exclusion** is for persistently disruptive behaviour. Interventions to address persistent poor behaviour before it becomes entrenched are often not used early enough to prevent exclusion.

Children with severe and persistent behavioural problems are at greater risk of getting involved, and staying in, gangs

Boys from disadvantages backgrounds are disproportionately affected. These children may also struggle with sleep and eating problems. They are also at greater risk of suicide or self-harm.

Overactivity and poor concentration:

Attention Deficit Disorder (ADD) and Attention Deficit and Hyperactivity Disorder (ADHD) include persistent symptoms of impulsivity, inattention, and possible hyperactivity. These conditions can be hard to identify but usually

- Begin before the age of 7
- Should be visible in at least 2 settings (e.g. home and school)
- Can sometimes negatively affect school performance and relationships with peers/staff
- Cannot be better explained solely by an alternative mental health or child development problem (e.g. mood, conduct disorder, S&L difficulties)

More boys than girls tend to be diagnosed with ADHD. It has a strong genetic component, so other family members may struggle in similar ways.

Symptoms can include;

- Being restless or fidgety
- Talking a lot and interrupting
- Difficulties in taking turns in games or conversation
- Becoming easily distracted
- Difficulties paying attention and concentrating

- Not following instructions or failing to finish work
- Social clumsiness
- Impulsive behaviour

Children with ADD and ADHD have problems with thought processes that control attention and organise memory which means they may have learning difficulties due to missing important details abut homework, classwork, or the timetable, and through not understanding full instructions.

Obsessive-compulsive behaviour:

Commonly known as OCD, this is a form of anxiety disorder where behaviours can become a coping mechanism to manage other stressful life events. OCD rituals can be obvious to others (like checking door locks or washing hands) or they can manifest as mental rituals such as persistent and uncontrollable thoughts, impulses, worries and fears. Common obsessions include:

- Fears about dirt/contamination
- Worries about safety and harm to themselves or others
- Anxiety if things are not symmetrical or even
- Need for perfection

Some common compulsions:

- Checking things over and over again
- Hoarding or collecting things that appear useless
- Arranging things so they are 'just right'
- Washing and cleaning
- Repeating and redoing things

Some obsessive behaviours may also be indicative of other needs, such as a child on the autistic spectrum, so it is important to think about the whole child- how are they generally functioning.

It is also important to remember everyone has quirks and habits. But when they start to become stressful for the child and impact on their school/family life and relationships then it can be a sign that something is significantly wrong.

Resources list:

Anna Freud National Centre for Children and Families: this has practical ideas that primary schools can use to introduce children to all aspects of mental health and wellbeing, as well as ideas to help the wellbeing of staff.

Self harm: www.selfharm.co.uk

www.nshn.co.uk

www.harmless.org.uk

Depression: www.depressionalliance.org/information/what-depression

www.mind.org.uk

www.mindful.org

www.youngminds.org.uk

www.getconnected.org.uk

www.childline.org.uk

Anxiety, panic attacks and phobias: www.anxietyuk.org.uk

www.nopanic.org.uk

OCD: www.coduk.org/ocd

Suicide: prevention: www.papyrus-uk.org

www.samaritans.org

bereavement issues due to suicide: www.sobs.org.uk

www.cruse.org.uk

Eating disorders: www.inourhands.com/eating-difficulties-in-younger-children

www.anorexiaandbulimiacare.org.uk