



Annemount

Nursery and Pre-preparatory School

Annemount Mental Health Policy

This policy applies to the whole school including EYFS

Policy to Promote the Wellbeing and Mental and Emotional Health of Pupils
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Introduction

Annemount aims to be an exemplar for the healthy life where pupils are supported in developing strength and resourcefulness to meet the challenges of day to day life.

This policy sets out the ways in which the School promotes pupils' well-being and, in particular, their mental and emotional health, significant factors in pupils being able to lead a healthy life.

The policy also, insofar as it is possible, sets the parameters for the School's actions given that the responsibility for a child's health, be that mental, emotional or physical, is a shared one with parents or carers and designated children's services.

This policy should be read in conjunction with the School's Safeguarding Policy and Behaviour and Anti-bullying policy.

Purpose of the Policy

The promotion of physical and mental health within a school has significant educational benefits.

Estimates suggest that up to 10% of children and young people suffer from a diagnosable mental health disorder, often leading to social isolation, low self-esteem and associated poor academic achievement.

Disorders can manifest themselves in many ways such as self-harm, eating disorders, depression, poor educational achievement, or disruptive or anti-social behaviour.

Annemount is well placed to observe pupils and helping to identify potential problems, and to assist parents or carers to access professional support (e.g. medical interventions, counselling, psychological or psychiatric support). NHS Children and Young People's Mental Health Services (CYPMHS) can be used as an external source of support.

In the first instance, the School aims to be as proactive as possible in preventing problems by informing pupils and their parents or carers about leading healthy lives mentally and emotionally and in identifying potential problems at an early stage.

The School's pastoral systems allow teachers to identify, report and monitor pupil behaviour which may point to physical and mental health problems, or such problems that are brought to attention.

It is not uncommon for young people to have occasional difficult periods at some point during their school years; this is a normal and expected part of growing up. However, for some pupils, more frequent emotional dips or persistent displays of challenging behaviour, school absence or academic deterioration may be indicative of deeper issues which, in order to be resolved, will require a coordinated response involving not only the School and parents and carers, but experts beyond the School.

The publication of this policy is an indication of Annemount's commitment to raising awareness among staff, pupils and parents in order to promote the physical, emotional and mental well-being of all its young pupils.

The Headteacher, Geraldine Maidment is the Mental Health Lead and will review the policy on an annual basis, drawing upon evidence from staff and official research by government and other appropriate bodies, to ensure that the School continues to be an exemplar for the healthy life for all pupils.

Promoting Good Mental Health

The School is in a position to enhance the social and emotional development of children through the daily responses to, and interaction with pupils. Being an emotionally and mentally healthy school requires on-going commitment from both staff and pupils. Pupil commitment rests on the positive and caring culture created within the school for routine manners and courtesy, acceptable behaviour and anti-bullying policy and respect for others regardless of differences.

In addition, the School has in place the following examples of good practice for an emotionally and mentally healthy school:

- A carefully considered age appropriate PSHE curriculum, which includes:
 - the promotion of social skills and problem-solving skills;
 - teaching awareness of mental health issues to raise awareness and decrease stigma;
 - School assemblies focussing on wellbeing
 - School values;
 - emotional awareness;
 - confronting bereavement (when and where appropriate for pupils who have lost a loved one);
 - anger management and conflict resolution, etc.
- An active and supportive team of teachers and teaching assistants in each class – practical learning issues are addressed as part of reinforcing the self-esteem and mental health of pupils
- Teaching to help pupils recognise their personal strengths
- Pupils and Staff are expected to value and respect every individual member of the School community
- All staff are encouraged to listen to pupils and hear what they say – through regular child protection training and discussions and via formal forums for the voice of the pupils to be heard, e.g. Pupil Councils, Assemblies, Circle Time
- 'Worry Boxes' are in place in Reception, Year One and Year Two. Children are encouraged to draw pictures or write any worries and post it into the box. This gives the child a physical way of getting rid of their worries, so they don't need to carry them around anymore. This can be a non-verbal way of notifying the teacher of any worries. The class teacher monitors and manages these.

- An emphasis on both the academic and personal development of each pupil – regular academic monitoring and strong encouragement for pupils to develop friendships through engagement in the co-curricular life of the school; with informal and formal rewards systems in place to celebrate the academic and co-curricular achievements of the children as well as emphasis on praising citizenship skills.
- Identification, and monitoring, of vulnerable pupils – effective internal communication between staff; clear channels of communication with parents; highly responsive pastoral intervention when necessary to safeguard the wellbeing of the child
- A commitment, where necessary, to reasonable adjustments within the school environment for pupils with physical or mental health issues which do not affect the learning environment of other pupils
- Appropriate support and training for staff in supporting physical and / or mental health issues with pupils.
- Provision of regular talks and presentations for parents by the head as well as invited speakers dealing with relevant issues common in young children and adolescents, e.g. internet safety, positive friendships, healthy physical development, diet and exercise
- All pupils are taught who they can go to if they have worries
- Communication between the parents and school is key and this is encouraged through the communication book each child brings home as well as by email or telephone

Common Mental Health Risk Factors

There are common risk factors that may influence the chances of a young person developing a mental health disorder.

These may include:

- Physical illness or learning disability
- Difficult temperament or communication difficulties
- Family factors, such as parental conflict and inconsistent discipline, family mental-health issues, difficult relationships with siblings
- Psychological reaction to adverse events (bereavement, abuse, isolation due to lockdowns, etc.)
- Environmental factors and life changes, such as socio-economic disadvantages, homelessness, or frequent moving of home or school

The details of the type of mental health issue are not likely to affect the course of action in School unless there is an immediate risk of harm to the pupil, in which case the School's Safeguarding Policy and procedures would be followed. It is impossible to definitively list all the situations that could be encountered by pupils but a brief summary of some different types of mental health disorders is given in Appendix to help staff and parents understand some of the specific issues that pupils may face.

Identifying a Potential Problem – Guidance for Staff

You may know the pupil well but it is important to look objectively at the situation and to work with other colleagues to establish any patterns and how you can best support the pupil. Supporting pupils requires good communication and teamwork. Consult with the Designated Safeguarding Lead.

Additional training and support is available if required. General advice for staff (to be read in conjunction with policies and guidance on safeguarding):

- Always be prepared to listen carefully to pupils
- Follow up on concerns, however small
- If you suspect that a problem with a pupil is not straightforward, or if there is no improvement in the pupil despite your initial intervention, do not delay in contacting the Head.

Support in School for Pupils Receiving Treatment

Keeping things 'normal':

While it is not the responsibility of Annemount staff to replace, or act for, mental health experts if a pupil has mental or emotional health problems which are being treated, the School will seek to play a valuable role in supporting the pupil. Part of this may be as simple as keeping school as a constant of 'normal' life. Subject to adjustments agreed and made to accommodate a pupil's problems, normal codes of behaviour should be required: when the pupil is in school, they should feel a part of the school community. The aim might best be phrased as incorporating the pupil's individual needs into school life rather than fitting school around the focus of his or her medical needs; thus we provide a secure and safe environment for pupils to feel 'normal', rather than seeing him or her as a 'patient' in school.

Treatment and Medication

External treatment can have several arms of support including different types of therapy, such as counselling, psychotherapy, cognitive behavioural therapy alternative therapy such as hypnotherapy and / or medication.

Advice and training

Staff supporting pupils with physical illness and mental health disorders should receive appropriate advice and training where necessary. The school seeks training from a variety of sources including Anna Frauds Mentally Healthy Schools.

Safeguarding and Welfare (Child Protection)

Safeguarding training is an essential part of understanding and dealing with well-being issues relating to children. All Annemount staff must ensure that their Safeguarding training is up to date, according to statutory guidelines and the School's Safeguarding Policy.

Date: July 2025

Review Date: July 2026

Appendix

Brief overview of some mental health disorders that can affect young children

Self-harm

Self-harm can be an expression of personal distress. There are many reasons for a person to hurt him or herself. Actions of self-harm can include cutting, overdosing on medications or other deliberate poisoning, asphyxiation, burning, punching oneself, pulling out hair/eyelashes, picking at skin or any other self-inflicted injuries. The vast majority of children and young people who self-harm are not trying to kill themselves; it is a method of distraction from painful feelings. They are trying to cope with these feelings by engaging in behaviour which temporarily relieves stress and anxiety, but it is behaviour which can become very addictive. However, many people who commit suicide have self-harmed in the past, and for that reason each episode needs to be taken seriously. If staff or parents discover a pupil is self-harming, it is important to try not to appear shocked or to show other negative feelings. Acknowledge their distress and express genuine concern for their wellbeing. Self-harm usually takes place in secret and it is important to be aware of the difficulties a pupil may have in discussing issues surrounding self-harm. The School regards self-harm seriously and will recommend an external referral to a GP or to appropriate counselling. Staff and parents seeking advice should speak to the Head.

Eating disorders

“Eating disorders are not a diet gone wrong or a fad or fashion. They are a way of coping with difficult thoughts, emotions or experiences.”

There are three main types of eating disorder:

Anorexia Nervosa

People with anorexia limit the amount of food they eat by skipping meals and rigidly controlling what they will and will not eat. Their concern about food, weight and calories can start to control them isolating them from their social group.

Bulimia Nervosa

People with bulimia will also constantly think about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick (“purging”), in order to try and lose the calories they have eaten.

Binge Eating Disorder

People with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.

A mixture of the disorders above is also common. Any pupil who is stressed, unhappy or lacking in confidence may be at risk of developing an eating disorder. In some cases, an eating disorder may be triggered in a vulnerable personality by a period of illness which is accompanied by loss of appetite. Eating disorders are very secretive and usually associated with a high level of denial, which can make diagnosis very difficult. It is often a bringing together of clues reported from different sources that build up the bigger picture that results in diagnosis of, or strong suspicion of an eating disorder.

Depression

Childhood and adolescent depression can impact on cognitive development, socialisation, family relationships and behaviour. Children who are depressed often present with non-specific symptoms which may include refusal or reluctance to attend school, irritability, poor sleep pattern, abdominal pain and headache. There is often loss of concentration and loss of interest in previously enjoyed activities with a marked decline in educational performance and a persistent feeling of low mood, and unhappiness.

Treatment considerably shortens the duration of the depressive phase which means that diagnosis is essential.

The School will expect to work closely with parents and professionals to ensure that School can play a positive role in the pupil's overall care package.

Obsessive Compulsive Disorder (OCD)

Obsessive compulsive disorder in children can be described as 'troublesome and distressing rituals and ruminations outside the criteria of 'normal' childhood rituals.

OCD rituals are those that interfere with, rather than enhance, socialisation and the growth of independence'. It is a very under-diagnosed condition and should be suspected with pupils who show poor adherence to timetables, lateness or inability to deal with change.

Other clues can be frequent/prolonged visits to the toilet, excessive questioning in class and messy work due to constant erasing and re-writing. OCD is most commonly treated with cognitive behavioural therapy (CBT).

Conduct Disorders

Children with conduct disorders can be rejected and become unpopular with their peers due to poor social skills. This may lead to emotional problems and isolation at school. A number of children with conduct disorders have additional problems such as hyperactivity or depression and can benefit from input from mental health professionals.

Approaches that can be used at a classroom level include: proactive classroom management methods; use of learning support; short, achievable targets and give immediate praise/rewards when completed; giving the pupil special responsibilities so that they and other pupils can see them in a positive light; helping young people to control their impulsive behaviour by generating alternative solutions.

Anxiety

Children can feel anxious about different things at different ages. Many of these worries are a normal part of growing up.

From the age of around 6 months to 3 years it's very common for young children to have separation anxiety. They may become clingy and cry when separated from their parents or carers. This is a normal stage in a child's development.

It's also common for preschool-age children to develop specific fears or phobias. Common fears in early childhood include animals, insects, storms, heights, water, blood and the dark. These fears usually go away gradually on their own.

There may also be other times in a child's life when they feel anxious. For example, many children feel anxious when going to a new school or before tests and exams. Home life and parental expectation can also play an impact on anxiety.