

Mental health and emotional wellbeing at Chambersbury: A guide for everyone

What is mental health?

“Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you’re frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse”

-Mind Charity <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/about-mental-health-problems/>

In school, we recognise that everyone has mental health. We seek to promote the emotional wellbeing of children, staff and the wider community. Feeling safe and happy helps children learn. Learning helps boost children’s self-esteem and positive feelings. Our priorities at Chambersbury are:

- To help children understand and cope with their mood and feelings
- To support children during their life experiences
- To help parents to support their children and families

(NHS England)

We follow the Herts 5 Ways to Wellbeing:



Please talk with us if your child is experiencing mental health difficulties or if there are any changes at home that might be affecting their wellbeing.

On the next page is a brief guide to how we promote good mental health at Chambersbury and support children with mental health difficulties. It shows you our pathways to support.

Chambersbury Wellbeing Pathway

	What do we do?	How do we get this support?	What kinds of needs get this support?
Everyone	<ul style="list-style-type: none"> ▪ Make sure all children are learning at their own level and all underlying learning needs are addressed ▪ Teach age appropriate PSHCE lessons, including talking about mental health ▪ Train all staff in trauma-informed approaches, mental health Level 1 ▪ Use Herts steps to take a therapeutic approach to behaviour ▪ Have two trained Mental Health First Aiders in school ▪ Address emotional wellbeing and mental health in Assemblies ▪ Host Feeling Good Week each year ▪ Provide a worry box in every class ▪ Timetable outdoor learning ▪ Develop “Wild Chambersbury” to promote a love of nature and the outdoors ▪ “Run Together” - regular running times for each class outside of normal PE lessons ▪ “Jump Jam” - whole school outdoors dance and fitness session each week ▪ Clubs and extra curricular activities designed to promote wellbeing ▪ Zones of Regulation and Colour Monsters adopted to develop emotional literacy throughout the school ▪ Hold regular fundraising and charity days in school so children can give back 	<p>All children have this support as part of our day to day teaching and learning.</p>	<p>These approaches aim to keep children mentally healthy and in a good state of emotional wellbeing.</p> <p>Using these strategies will help us to identify needs early and find the right support.</p>
Some children	<ul style="list-style-type: none"> ▪ Have daily “touch base” time with an adult in their year group team ▪ Have access to personal resources like mood diaries, transitional objects and calming activities ▪ Are taught personal calming, breathing and grounding techniques 	<p>Children talk with adults in school about their mental health needs</p> <p>Class teacher identifies mental health needs in school through observation and/or discussion with the child and makes adjustments in class</p> <p>Class teacher and SENCo/MHLs share concerns and create a</p>	<p>Low mood at times</p> <p>Low level anxiety</p> <p>Separation anxiety</p> <p>Bereavement and the grieving process</p>

	<ul style="list-style-type: none"> ▪ Have support from other organisations, like DESC or Communication and Autism Team ▪ Have “soft starts” or different starts to the school day ▪ Have an identified key worker to talk with if they are feeling worried ▪ Have low-threat “buffer” activities 1:1 with an adult to give them time to talk ▪ Have pre-teaching and post-teaching around PSHCE lessons to help them understand ▪ Have personal communication systems for when they feel stressed ▪ Have a designated “safe space” for when they feel anxious ▪ Have changes made to break times or lunchtimes ▪ Are given priority in wellbeing activities and clubs ▪ Have additional adult check-ins during the day 	<p>care plan or personal learning plan or identify needs in Provision Planning and make reasonable adjustments</p> <p>Parents talk with class teachers or the SENCo about their concerns and action is taken</p> <p>Children’s services or other professionals make school aware of mental health concerns and school are asked to take action</p>	<p>Body image issues</p> <p>Extra fears, sometimes irrational</p> <p>Nightmares or trouble sleeping</p> <p>Difficulties regulating behaviour, including ‘meltdowns’ or ‘tantrums’ at home</p> <p>Attention needing behaviours</p>
<p>A few children</p>	<ul style="list-style-type: none"> ▪ Need their school day adapted and personalised to help them manage their mental health ▪ Are on a reduced timetable or phased re-integration to school ▪ Are referred to the School Nursing Service for support with anxiety, depression, eating disorders or other wellbeing issues ▪ See their GP to talk about mental health needs 	<ul style="list-style-type: none"> ▪ Discussion between teachers, parents and the SENCo if other strategies have not worked and mental health is deteriorating ▪ Parents report ongoing severe anxiety or other mental health concerns that are serious or escalating or hard to manage at home ▪ Child shows or parent discusses ongoing moderate mental health needs, often with some medical needs, family impact or self-care difficulties. Parents and SENCo agree on a school nurse referral, verbal consent is needed. The school nursing service contact parents to discuss. ▪ Parents and/or school after discussion feel that there may be underlying medical needs or that medical support may help. School can write a letter of support to take to a GP ▪ Class teachers, parents or children identify 	<p>Persistent low mood or depression</p> <p>Significant generalised anxiety</p> <p>Significant separation anxiety</p> <p>Emotion Based School Refusal</p> <p>Emotional needs communicated through extreme behaviours</p> <p>History of trauma, recent traumatic event or early trauma</p> <p>Bullying at school or outside school</p> <p>Signs of deteriorating mental health or early signs of mental illness</p> <p>Complex bereavement</p>

	<ul style="list-style-type: none"> ▪ Have “Draw and Talk” therapeutic sessions in school ▪ Work with the school Art Therapist 	<p>difficulties processing life events like bereavement, early difficult experiences, changes at home. The SENCo talks with parents about how Draw and Talk works. Written consent is needed. 12 weekly sessions begin.</p> <ul style="list-style-type: none"> ▪ A child is struggling with the demands of life changes, trauma processing, school or home factors. The need is long term and having a significant impact on daily life. The SENCo and/or Art Therapist talk with parents and the child. Written consent is needed. A term of weekly sessions begins. 	<p>Extremely low self esteem, resilience and ability to care for self</p>
<p>A very small number of children</p>	<ul style="list-style-type: none"> ▪ Are referred to Child and Adolescent Mental Health Services (CAMHS, including Step 2) ▪ Are referred to the emergency services 	<ul style="list-style-type: none"> ▪ A child discloses serious mental health difficulties, signs of mental illness or extreme difficulties with emotional wellbeing ▪ Parents report dangerous behaviours at home or difficulties managing emotional needs ▪ Adults around the child recognise signs of a diagnosable mental illness, including eating disorders, depression, psychosis, anxiety disorders ▪ A child is deemed to be a risk to themselves or others ▪ A child talks about wanting to take their own life ▪ The SENCo or Mental Health Leads discuss with the child and parents the best course of action ▪ Adults around the child call emergency mental health services or dial 999 	<p>Signs of mental illness are increasingly obvious, through behaviour or other communication with the child</p> <p>A child is self-harming, including through misuse of substances or violence</p> <p>Poor mental health is accompanied by poor physical health</p> <p>Behaviour is increasingly extreme or dangerous</p> <p>Suicidal ideation</p>

For parents

Support is available for parents too. A good way to look after your child's mental health is to look after your own too. It's ok not to be ok and parenting is hard. Always seek help if you need it, and look out for your friends.

Type of support	How to access it
Family Worker Service	Please ask the SENCo for a referral – your verbal consent is needed Contact the Dacorum Family Services directly and make a self-referral Come to a drop-in clinic at school
Medical support	Please talk to your GP or phone 111 and choose the 'mental health services' option. If you are worried about your own mental health or illness, please seek medical support. School can write a supporting letter for family concerns.
Local organisations	We are in DSPL 8 in Hertfordshire. They have a website offering courses, support groups and advice. http://www.dacorumdspl.org.uk/dspl-news-and-resources/ There are links on the school website. Healthy Young Minds in Herts offer lots of support and advice for you and your children https://www.healthyyoungmindsinherts.org.uk/
National organisations	Mind is the national mental health charity. They have lots of information. https://www.mind.org.uk/ In an emergency please: Call the Samaritans 116 123 Call 999

IF YOU OR SOMEONE YOU KNOW IS AT IMMEDIATE RISK OF HARM CALL 999