

Mental Health and Wellbeing Policy

Why Mental Health and Well-Being is Important At our school

We aim to promote positive mental health and well-being for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need. All children go through ups and downs through their school career and some face significant life events. About 10% of children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement. The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy". Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupils well-being and can help engender a sense of belonging and community. Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support. Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where

- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma
- positive mental health is promoted and valued
- bullying is not tolerated

In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being.

Purpose of the Policy

This policy sets out

- how we promote positive mental health
- how we prevent mental health problems
- how we identify and support pupils with mental health needs
- how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse
- key information about some common mental health problems
- where parents, staff and pupils can get advice and support

Definition of Mental Health and Well-Being

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 well-being 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 others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

Links to other Policies

This policy links to our policies on Safeguarding, Anti-Bullying, Behaviour, Personal Social Health Education (PSHE), Special Educational Needs and Disabilities (SEND) Policy. Links with the Behaviour Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need. We consider behaviour to be a message.

A Whole School Approach to Promoting Positive Mental Health

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise. This encompasses seven aspects:

- 1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
- 2. helping pupils to develop social relationships, support each other and seek help when they need to
- 3. helping pupils to be resilient learners
- 4. teaching pupils social and emotional skills and an awareness of mental health
- 5. early identification of pupils 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 resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues. We aim to be a 'talking school' with an 'Open Door Policy'.

Roles and Responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need. All staff understand about possible risk factors that might make some children more likely to experience problems; such a physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

The school's Mental Health Team (SENCO / Mental Health Lead, Designated Safeguarding Team, ELSA TA):

- leads on and works with other staff to coordinate whole school activities to promote positive mental health
- provides advice and support to staff and organises training and updates
- keeps staff up-to-date with information about what support is available
- liaises with the PSHE Leader on teaching about mental health
- is the first point of contact and communicates with mental health services
- leads on and makes referrals to services

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families. Support includes:

- Safeguarding/Child Protection Team
- Support staff to manage mental health needs of pupils
- SENCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision.
- School nurse
- CAMHS (via Younited moderate to severe mental health needs)
- Mental Health Support Team (mild to moderate mental health needs)
- Early Help

Supporting Pupils' Positive Mental Health

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

Pupil-led Activities

- assemblies to raise awareness of mental health
- Transition Support
- Support for vulnerable children, for example, Speech and Language (SALT) support small group work such as ELSA or zones of regulation intervention.

- Transition meetings with parent/carers, pupils and relevant staff
- Passports for vulnerable children (one page profiles)
- Transition Passports available for all staff to be aware of vulnerable children's needs
- Worry (or self regulation) boxes
- Kindness/Compliment Boards
- Mindfulness and breathing/meditation in class
- Classroom scripts and signposting

Whole School

- One of our values is resilience
- Display in hall (and linked assemblies) to emotion vocabulary
- Audit and action plan (Anna Freud 5 Cambridgeshire Therapeutic Thinking and Mental Health Lead training audit)
- Assembly themes
- PHSE themed books and units of work
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school

Small Group Activities

- Small friendship, social skills groups
- Considerations at lunch times e.g. quiet spaces
- Sanctuary spaces e.g. work stations in corridor for those children who are finding the classroom overwhelming
- Teaching about Mental Health and Emotional Well-being
- Through PSHE we teach the knowledge and social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

Relationships Our approach is to:

- provide a safe environment to enable pupils to express themselves and be listened to
- ensure the welfare and safety of pupils as paramount
- identify appropriate support for pupils based on their needs
- involve parents and carers when their child needs support
- involve pupils in the care and support they have
- monitor, review and evaluate the support with pupils 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:

- Identify individuals that might need support
- being an Attachment Aware School (CAMBRIDGESHIRE THERAPEUTIC THINKING training)
- working with the School Office staff who are often the first point of contact with families seeking support

- home visits in Foundation Stage 1 and Foundation Stage 2 to identify needs
- induction meetings for pupils / families joining after the Reception year
- analysing behaviour, visits to the medical room, attendance and weekly Behaviour Forms / Anti-Bullying Forms
- using Sociograms, anxiety mapping, SDQs, Boxall Profile, PIVOTS 5 to track children identified as having difficulties
- pupil wellbeing surveys at the beginning of the school Year
- staff report concerns about individual pupils to the Inclusion Manager/SENCO and Designated Safeguarding Team
- worry monsters in each class for pupils to raise concerns (from September 2023) which are checked by the class teacher
- weekly staff briefing for staff to raise concerns about individual children
- gathering information from a previous school at transfer or transition
- parental meetings
- enabling pupils to raise concerns to class teacher and support staff
- enabling parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'
- drop-ins with Family inclusion worker or mental health support team
- Triple P parenting programme (via Early Help)

All staff 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 SENCO/Inclusion Manager or Designated Safeguarding Team. These signs might include:

- non-verbal behaviour
- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- lowering academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope
- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather
- repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as noncompliant, 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. A risk assessment and plan will be made. Verbal Disclosures by Pupils We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and

staff listen rather than advise. Staff are clear to pupils that the concern will be shared with the Designated Safeguarding Team and recorded in order to provide appropriate support to the pupil.

Non-Verbal Disclosures by Pupils

Staff also recognise persistent and unusual non-verbal disclosures in behaviours (behaviour may be an unmet need or message).

Confidentiality

All disclosures are recorded (via My Concern) and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next Cambridgeshire Therapeutic Thinking.

Assessment, Interventions and Support

All concerns are reported to the Designated Safeguarding Team / SENCO and recorded. We then implement our assessment system based on levels of need to ensure that pupils 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. We recognise that just like physical health, mental health and emotional well-being can vary at any given time and is fluid and changes, there are no absolutes.

| Need The level of need is based on discussions at the regular inclusion meetings/panel with key members of staff | Evidence-based Intervention and Support - the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and pupils For example | Monitoring |
|--|--|--|
| Highest need | CAMHS-assessment (Younited referral), 1:1 or family support or treatment (EHA if necessary), consultation with school staff and other agencies -1:1 support Educational Psychologist involvement External agency support that provides 1:1 support and group work Weekly 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 pupils needing targeted individualised support will have an Individual Care Plan drawn up setting out - • The needs of the pupils • How the pupil will be supported • Actions to provide that support • Any special requirements Pupils and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed |

| Some need | Access to Nurture provision (ELSA) or Sanctuary Space (work-station in quiet space) 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends | and evaluated to assess the impact e.g. through a Strengths and Difficulties Questionnaire Multi-agency meetings and regular reviews and feedback with parents/carers Early Help Referral and Children's Services if appropriate Discussion, advice and support from MHST Weekly staff meeting updates |
|-----------|---|--|
| Low need | Low need | General support e.g. Lunch Club, class teacher/TA support and 'Check-in' |

To support parents and carers:

- Supporting services (in liaison with us) organise support in the areas of (but not limited to): Anxiety, Sleep, parental conflict.
- we provide information and signposting to organisations including to parenting programmes.
- have an Open Door Policy.
- supporting parents and carers with children with mental health needs through sensitive and supportive regular meetings and signposting.

When a concern has been raised the school will:

- contact parents and carers and meet with them
- offer information to take away and places to seek further information
- be available for follow up calls
- make a record of the meeting
- agree an Action Plan
- 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

Parents and carers will always be informed if their child is at risk of danger. We make every effort to support parents and carers to access services where appropriate. Pupils are our primary concern, 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.

Involving Pupils

• we seek pupils' views and feedback about our approach and whole school mental health activities through Pupil Voice, surveys, class questions and suggestion boxes

• we will be introducing Play Leaders to support vulnerable children in school at playtimes and build relationships between children during reading buddies sessions.

Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in pupils and know what to do and where to get help (see Appendix 3).

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals (ELSA TA). Staff training to raise awareness of Mental Health and emotional well-being topics have been accessed through Cambs CAMBRIDGESHIRE THERAPEUTIC THINKING training. Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing.

Staff have access to Education Support (posters displayed in staff room with contact details or available via web search).

Monitoring and Evaluation

This policy's effectiveness will be monitored by the SLT. This policy will be reviewed annually to update provisions and processes.

Appendix 1 Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)

| | Risk Factors | Protective Factors |
|---------------|---|---|
| In the Child | Specific development delay Communication difficulties Physical illness Academic failure Low self-esteem SEND | 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 Parental criminality, alcoholism or personality disorder Death and loss – including loss of friendship | 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 |

| | or monuality | |
|---------------------|--|---|
| In the School | Bullying Discrimination Breakdown in or lack of positive friendships Negative peer influences Peer pressure Poor pupil to 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 influences |
| In the Community | Socio-economic disadvantage Homelessness | Wider supportive networkGood housing |
| | Disaster, accidents, war or other overwhelming events Discrimination Other significant life events | 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:

https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/children-and-young-people

https://learning.nspcc.org.uk/child-health-development/child-mental-health

https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people

Appendix 3

Where to get information and support

For support on specific mental health needs

Anxiety UK

www.anxietyuk.org.uk

OCD UK

www.ocduk.org

Eating Disorders

www.b-eat.co.uk

National Self-Harm Network

www.nshn.co.uk

Self-Harm

www.selfharm.co.uk

Suicidal thoughts Prevention of young suicide UK – PAPYRUS:

www.papyrus-uk.org

For general information and support

<u>www.youngminds.org.uk</u> champions young people's mental health and wellbeing <u>www.mind.org.uk</u> advice and support on mental health problems <u>www.minded.org.uk</u> (e-learning) <u>www.time-to-change.org.uk</u> tackles the stigma of mental health <u>www.rethink.org</u> challenges attitudes towards mental health