Mental Health and Well-Being (students) Policy

Review Date: February 2027

Signed: …… *m mcRae* Headteacher

Signed: ….. *[signature]* Chair of Trustees

Mental Health & Well-Being Policy

See also:
Safeguarding & Child Protection Policy
Inclusion Policy
Looked After Children Policy
Anti-Bullying Policy
Behaviour & Relationship Policy
Personal, Social and Health Education (PSHE) Policy

1. The Importance of Mental Health and Well-Being

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 well-being 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. Research suggests that approximately 10% of children aged between 5 and 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 crucial in promoting pupils well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that they can 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 feeling safe.
- Pupils feel able to talk openly and 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 and we have a separate policy dedicated to this.

2. Purpose of this 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.

3. Definition of Mental Health and Well-Being

We use the World Health Organisations definition of mental health and well-being:

…a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.

Mental health and well-being are 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.

4. 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:

- Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands.
- Helping pupils to develop social relationships, support each other and seek help when they need to
- Helping pupils to be resilient learners
- Teaching pupils social and emotional skills and an awareness of mental health
- Early identification of pupils who have mental health, needs and planning support to meet their needs, including working with specialist services.
- Effectively working with parents and carers
- 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".

5. 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. These can include: a physical long-term illness, having a parent who has mental health difficulties, death, and loss such as the loss of friendships, a family breakdown and bullying. The staff also understand the factors that protect children from adversity, such as self-esteem, positive communication, developing problem-solving skills, a sense of worth or belonging and emotional literacy.

The schools Mental Health Well-Being Team (Headteacher/Designated Safeguarding Team, SENCO, Designated Safeguarding Team, Mental Health Lead,Pastoral TA, Mental Health First Aider/Designated Safeguarding Team) are responsible for.

- Leading and working with other staff members to coordinate whole school activities to promote positive mental health.
- Providing advice and support to staff and organises training and updates.
- Keeping staff up to date with information about what support is available.

- Liasing with the PSHE/PD Leader on teaching about mental health
- Being the first point of contact and communication with mental health services
- Leading on and making referrals to services

There are clear links with the Positive Relationships & Behaviour Policy because we believe that behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, is likely to be related to an unmet mental health need. We consider **behaviour to be a message.**

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:

- Pastoral
- Safeguarding Team
- Pastoral 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.
- Mental Health Lead/Mental Health First Aider
- Educational Psychologist
- Casy Counsellor
- Occupational Therapist

6. 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 meetings with parent/carers, pupils and relevant staff
- Speech and Language support to aid communication
- Fundraising for mental health charities and initiatives
- Training in Well-Being and Trauma informed practice

Class Activities

- Worry boxes.
- Kindness/Compliment Boards
- Mindfulness and breathing/meditation in class
- Classroom scripts and signposting

- Sensory space
- Sporting activities

Whole School

- Mental Health Wellbeing focus threading throughout the school ethos and PSHE curriculum
- Anna Freud Schools in Mind resources
- Encouraging positive relationships so children can be aware of Trusted Adults around them and where to find support.
- Assembly and calendar of Mental Health and wellbeing themes
- Using the well planned PSHE to explore themes and learn about emotions, difference, loss, bullying, change, resilience, etc.
- 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

- Lego Therapy
- Sensory Room for those children who are finding the classroom overwhelming.

Teaching about Mental Health and Emotional Well-being

We use the PSHE Association framework across the school, including:

- Relationships
- Living in the wider world
- Health and well-being

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. We support this using other resources such as those from Mentally Healthy Schools. The Anna Freud Centre and using Zones of Regulation,

Childrens personal, social, and emotional development is crucial for children to lead healthy and happy lives and is fundamental to their cognitive development we build on the early year's foundation stage framework of 3 areas of emotions, sense of self and relationships.

Our approach is to:

- Provide a safe environment to enable pupils to express themselves and be listened to
- Provide key and trusted adults with an emphasis on relationships.
- 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/carers updated.

7. Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible and provide a prompt response. We do this in different ways including:

- Identify individuals that might need support.
- Induction meetings for pupils/families joining Hope House School
- Analysing behaviour exclusions, attendance, and student worry box
- Pupil surveys throughout the school year
- Staff report concerns about individual pupils to the Designated Safeguarding Team
- Worry boxes in each class for pupils to raise concerns which are checked by the class teacher.
- Regular staff briefings 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/carers to raise concerns through the school class teacher or to any member of staff – we have an open door policy.
- Meetings with outside support specialists

Al 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 Designated Safeguarding Team and long onto CPOMS.

These signs might include:

- Non-verbal behaviour
- Isolation from friends and family and becoming socially withdrawn.
- Changes of 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 of absenteeism
- 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 non-compliant, disruptive, or aggressive behaviour which could include problems with

attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm, then the schools 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 an non-judgemental 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 Safeguarding Team and recorded to provide appropriate support to the pupil.

Non-Verbal Disclosures by Pupils

Staff also recognise persistent and unusual non-verbal disclosures in behaviours in line with the NICE (National Institute for Health & Care Excellence) recommendation that behaviour may be an unmet need or message.

Confidentiality

All disclosures are recorded and held on the pupils confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

Assessment, Interventions and Support

All concerns are reported on CPOMS and verbally to the DSL or DDSL. 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. The Safeguarding Team regularly reviews all processes. All staff are trained to use CPOMS.

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.

8. Working with Specialist Services

In some cases, a pupils social emotional mental health needs require support from a specialist service. These might include anxiety, depression, school refusal and other complex needs. We have a school councillor to refer children to if needed.

9. Involving Parents and Carers

Promoting Mental Health

We recognise the important role parents and carers have in promoting and supporting the social emotional mental health and wellbeing of their children and supporting their children with mental health needs.

To support parents and carers:

- We provide information and signposting to organisations on our website on mental health issues and local wellbeing and 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.
- In most cases parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.
- 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 will also provide information for parents and carers to access support for their ow mental health needs.

10. 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.

11. Supporting the Social and Emotional Needs of Pupils

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.

Those staff with a specific responsibility have a more specialised training and where possible access the supervision from mental health professionals.

Staff training to raise awareness of social emotional and mental health wellbeing topics. We also provide regular 'inhouse' training from the Safeguarding Team on topics such as childhood Adverse experiences, attachment needs and behaviour. Appendix 3 provides links to where to get further support and guidance.

12. Monitoring and Evaluation

This policy was produced in conjunction with the whole school. Its effectiveness will be monitored by the SLT and reported to the Trustees. This policy will be reviewed every three years or sooner if deemed necessary.

Appendix 1

Protective and Risk Factors

(adapted from Mental Health and Behaviour DfE March 2016)

	Risk Factors	Protective Factors
In the Child	• Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND	• 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

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 - disaster, accidents, war or other overwhelming events - discrimination - other significant life events	- wider supportive network - good housing - high standards of living - high morale school with positive policies for behaviour, attitudes and anti-bullying - opportunities for valued social roles - range of sport/leisure activities

Appendix 2

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

For information see Annex c Main Types of Mental Health Needs

Mental Health and Behaviour in Schol DfE March 2016

[Mental health and behaviour in schools - GOV.UK (www.gov.uk)](www.gov.uk)

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

- anxiety (including panic attacks, phobias and Obsessive- Compulsive Disorder OCD)
- depression
- Eating Disorders
- Substance Abuse
- Self-Harm

The DfE guide does not include specific information on suicide thought.

Suicidal Thoughts

Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

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

Depression Alliance www.depressionalliance.org

National Self-Harm Network NSHN -- Downloads

Self-harm www.selfharm.co.uk

Suicidal thoughts Prevention of young suicide UK-Papyrus: www.papyrus-uk.org

Eating Disorders www.b-eat.co.uk and www.inourhands.com

For general information and support

www.youngminds.org.uk champions young peoples mental health and wellbeing

www.mind.org.uk advice and support on mental health problems

www.minded.org.k e-learning

www.time-to-change.org.uk tackles the stigma of mental health

www.rethink.org challenges attitudes towards mental health