Mental Health & Well-Being Policy

Version History

Version No.	Date	Author	Comments
1.0	14-11-2023	J Wise	Policy Created and Ratified by FGB, to be reviewed every two years or sooner if deemed necessary.

Mental Health & Well-Being Policy

See also: Safeguarding & Child Protection Policy

Inclusion Policy Looked After Children Policy

Anti-Bullying Policy Behaviour

Relationships Policy Personal, Social and Health Education (PSHE) Policy

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 critical in promoting pupil's 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 and we have a separate policy dedicated to this.

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

 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 their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their 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

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 nurture at the heart of the school.

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 a 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 school's Mental Health Well-Being Team (Head Teacher/Designated Safeguarding Team, SENDCo/ Inclusion Manager/Designated Safeguarding Team, Learning Mentor/ Mental Health Lead/ Mental Health First Aider) 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

 • liaising with the PSHE 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 Behaviour Policy because we believe that behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, is likely to be related to an unmet need.

We recognise that whilst many behaviours and emotional problems can be supported within the school environment, some may require specialist advice from external professionals. When children need more intensive support at times, we will endeavour to engage a range of mental health professionals.

Support can be given within school via:

 • Safeguarding Team

• Support staff to manage mental health needs of pupils

• SENDCo 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.

• Learning Mentor

Mental Health Lead

Mental Health First Aider

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

Magnificent Minds

Assemblies to raise awareness of mental health

Bridge Builders

Transition Support

Transition meetings with parent/carers and pupils when starting school

Yearly transition planning for vulnerable children

Key adults support secondary school visits with vulnerable pupils within 'Fact Finders'

Class activities

Ask it box

Mindfulness and breathing meditation in class during 'Calm Time'

Sporting activities

Whole School

Mental Health and Wellbeing threading throughout the school ethos and PSHE curriculum Encouraging positives 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 reading spine to explore themes and learn about emotions, difference, loss, bullying, change and resilience

Information around the school about positive mental health and where to go for help and support both within the school and outside the school

Worry monsters

Small Group Activities

Small friendship, social skills groups

Nurture lunch support

Nurture room for those children who are finding the classroom overwhelming

Time to Talk check in

Identified children supported through Forest School sessions

School clubs – including art, gardening, knitting and sport

Teaching about Mental Health and Emotional Well-being

At Bridgewater we use the Jigsaw scheme of work for PSHE which weaves mental health and relationships as a golden thread through all its themes.

We teach knowledge of social and emotional strategies that will help pupils to be become 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.

Within the Reception and Nursery the Early Years Foundation Stage Statutory Framework sets out standards to make sure children aged from birth to five learn and develop and are kept healthy and safe. Personal, Social and Emotional Development (PSED) is a prime area of learning. 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 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 and provide a prompt response. We do this in different ways including:

• Identify individuals that might need support

• working with the School Office staff who are often the first point of contact with families seeking support

• home visits and Reception and in school meetings with new starters to the nursery to identify needs

• welcome meetings for pupils / families joining after the Reception year prior to them starting school

• analysing behaviour, exclusions, visits to the medical room, attendance and Behaviour Forms / Anti-Bullying Forms

• pupil check in as needed throughout the school year

• staff report concerns about individual pupils to the SENDCo and Designated Safeguarding Team as appropriate

• Ask it Boxes in each class for pupils to raise concerns which are checked by the class teacher

• gathering information from a previous school at transfer or transition

• parent 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 through a phone call/ pre-arranged meeting/ speaking to member of staff on the school gate

• Meetings with outside support services on an availability and threshold basis

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 SENDCo or Designated Safeguarding Team. The Mental Health Lead is updated on any concerns raised.

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 or change 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 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 school's child safeguarding procedures are followed. In some cases, as appropriate a risk assessment will be made. This will involve a planning meeting with staff which is then shared with parents to seek their views and share any actions.

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 SENDCo and 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 in line with Protective and Risk Factors (see appendix 1)

Confidentiality

All disclosures are recorded and held on the pupil's confidential file in My Concern, 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 My Concern to the SENDCo and Designated Safeguarding Team, recorded and actioned. We then to ensure pupils get the support they need. Our aim is to put in place interventions as early as possible to prevent problems escalating. The Safeguarding Team, SENDCo and Mental Health Lead regularly reviews all processes.

All staff are trained to use My Concern. 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.

Working with Specialist Services

In some case a pupil's social emotional mental health needs require support from a specialist service. These might include anxiety, depression, school refusal and other complex needs. We make links with a range of specialist services as appropriate.

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 in particular supporting their children with mental health needs.

To support parents and carers:

• we organise a range of workshops through our Family Link worker. This includes topics such as anxiety, behaviour management, family resilience and sleep.

• we provide information and signposting to organisations on mental health issues and local wellbeing and parenting programmes.

• 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 unless this will impact on the safety of a child at which point we will follow our school safeguarding procedures

• offer information to take away and places to seek further information

• be available for follow up calls

• make a record of the meeting

•discuss how the parents and carers can support their child

• agree actions

We make every effort to support parents and carers to access services where appropriate.

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 and surveys

• we have pupil representatives from across the school on our Anti-Bullying Working Group who developed a child friendly version of the Anti-Bullying Policy

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 (see Appendix 3).

We encourage support staff to participate in the Place 2 Be Mental Health Champions Foundation Programme as part of their training time.

Those staff with a specific responsibility have more specialised training.

Staff training to raise awareness of social emotional and mental health well-being. In addition, we provide regular 'inhouse' training from the Safeguarding Team on topics such as childhood adverse experiences, attachment needs and behaviour.

Monitoring and Evaluation

This policy was produced in conjunction with the whole school. Its effectiveness will be monitored by the SLT and Mental Health Lead and reported to the Governing Body.

This policy will be reviewed every two 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	- Wider supportive network - Good 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

Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals. It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people.

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 School DfE March 2016
https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

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 Misuse
- Self-Harm

The DfE guide does not include specific information on suicidal 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.depressoinalliance.org
- Eating Disorders www.b-eat.co.uk and www.inourhands.com
- 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
www.youngminds.org.uk champions young people's mental health and wellbeing
www.mind.org.uk advice and support on mental health problems
www.minded.org.uk (e-learning)
www.time-to-change.org.uk tackles the stigma of mental health
www.rethink.org challenges attitudes towards mental health