



White Hall Academy

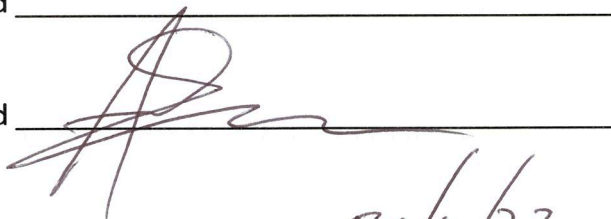
Mental Health and Well-being Policy

Ratification date:

Review date:

Signed _____ Headteacher

Signed _____ Chair of Governors


31/11/22

Mental Health & Well-Being Policy

1. 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.

2. 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



3. 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

4. Links to other Policies

This policy links to our policies on Safeguarding, Inclusion, Looked After Children, Anti-Bullying, Behaviour, Personal Social Health Education (PSHE), Sex and Relationships Education (SRE) and 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 form of communication which we need to understand.**

5. 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 several 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'.

6. 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 as 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 (Deputy Head, Pastoral Lead, Well-Being Lead, Healthy Schools Lead, SENCOs, Designated Safeguarding Team, Learning Mentors & Family Support Worker):

- 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:

- Pastoral Lead
- Safeguarding 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.
- Learning Mentors
- Canine Therapist
- Psychodynamic Therapist
- Family Support Worker
- School nurse
- SET - CAMHS

7. 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

- Campaigns and assemblies to raise awareness of mental health
- Peer support at break and lunch time

Transition Support

- Support for vulnerable children, for example, Speech and Language (SALT) support small group work, Social Communication groups
- Transition meetings with parent/carers, pupils and relevant staff
- Yearly Transition Passports for vulnerable children
- Transition Passports available for all staff to be aware of vulnerable children's needs
- Key Adults might support secondary school visits with vulnerable pupils

Class Activities

- Worry boxes
- Kindness Boards
- Mindfulness and breathing
- Classroom scripts and signposting



Whole School

- Wellbeing Focus, established in 2017-2018 (Mindfulness strategies, emotional resilience, REFLECTED)
- Anna Freud Schools in Mind resources
- Assembly themes
- Using the Power of Reading 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

- Small friendship, social skills groups
- Lunch Club support
- TeePee Room 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.

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

8. 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 a Trauma Perceptive Practice School
- working with the School Office staff who are often the first point of contact with families seeking support
- Nursery visits Foundation Stage to identify needs
- induction meetings for pupils / families joining after the Reception year
- analysing behaviour, exclusions, visits to the medical room, attendance and weekly Behaviour Forms including COMS data.
- pupil surveys at the beginning of the school Year
- staff refer concerns about individual pupils to the Pastoral Lead and Designated Safeguarding Team
- worry 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
- 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'
- Parenting Programmes

All staff have had training on Trauma Perceptive Practice, including 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 Pastoral Lead 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 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 pupil's 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 to the Designated Safeguarding Team 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 with key 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	Monitoring
Highest need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies School Psychodynamic Therapist -1:1 support Educational Psychologist involvement External agency support that provides 1:1 support and group work 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 – <ul style="list-style-type: none"> • 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 and evaluated to assess the impact e.g. through a Strengths and Difficulties Questionnaire
Some need	Access to the TeePee Room as appropriate. 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends	Multi-agency meetings and regular reviews and feedback with parents/carers Early Help Referral and Children’s Services if appropriate. Discussion, advice and support in Child and Mental Health Services (CAMHS) core hours for key staff An electronic log is kept and there are monthly safeguarding team meetings
Low need	General support e.g. Lunch Club, class teacher/TA, Learning Mentor ‘Check-in’	

9. Working with Specialist Services to get swift access to the right Specialist Support and Treatment

In some case a pupil’s 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 and have regular contact with the services to review the support and consider next steps, as part of monitoring the pupils’ provision.

School referrals to a specialist service will be made by the Pastoral Lead/SENCO following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the parent/carer and when it is the most appropriate support for the pupil’s specific needs.

Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self- referral
Learning Mentor	Accessed through the Pastoral Lead
Canine Therapy	Accessed through the Pastoral Lead
Psychodynamic Therapist	Accessed through the Pastoral Lead
Education Psychologist	Accessed through the SENCO
Inclusion Partner (LA)	Accessed through the SENCO
Education Access (LA)	Accessed through the SENCO
Early Help Referral (Family Solutions)	Accessed through the Designated Safeguarding Team and Pastoral Lead

10. Involving Parents and Carers

Promoting Mental Health

We recognise the important role parents and carers have in promoting and supporting the 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 Mental Health workshops accessing expertise from voluntary services through Coffee Morning Sessions.
- we provide information and signposting to organisations on our websites on mental health issues and local wellbeing and parenting programmes.
- we run a TPP Parenting programme.
- 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 case 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 (also known as a TAF – Team around Family 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.

11. 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

12. 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).

Staff training to raise awareness of Mental Health and emotional well-being topics will be delivered throughout the Academic Year, as refreshers for the TPP Programme.

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 Partnership Contact: 08000 856 148

13. Monitoring and Evaluation

This policy' effectiveness will be monitored by the Deputy Head and Pastoral Lead and reported to the Governing Body.

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	<ul style="list-style-type: none"> • Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • 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

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-inschools--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
Prevention of young suicide	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