

MARLFIELDS PRIMARY ACADEMY

Mental Health & Wellbeing Policy

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| Policy Author (s) | Mrs S Isherwood |
| Responsible Committee | Curriculum |
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1.0 Introduction

1.1 Definition

Mental health is defined as a state of wellbeing in which every individual recognises 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 his or her own community. *World Health Organisation, August 2014.*

1.2 Overview

At our school, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

1.3 Aims

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers

1.4 Positive Mental Health

We recognise that all children and young people need the foundation of positive mental health to benefit fully from all of the opportunities available to them. Everyone experiences life challenges that can make us vulnerable. At times, anyone may need additional support to maintain or develop good mental health. The mental health of children and young people, adults in schools, parents and carers and the wider whole school community will impact on all areas of development, learning, achievement and experiences.

All children and young people have the right to be educated in an environment that supports and promotes positive mental health for everybody. All adults have the right to work in an environment that supports and promotes positive mental health for everybody. We recognise these needs and rights. We are committed to raising awareness, increasing understanding and ensuring that we are providing a place where all children and young people feel safe, secure and able to achieve and experience success and well-being. Healthy relationships underpin positive mental health and have a significant impact.

The promotion of positive mental health for children and young people is everyone's business. Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

- S Isherwood – SENCO / Designated Safeguarding Lead
- S Booth - Deputy Safeguarding Lead/SENCO
- S Radcliffe – Deputy Safeguarding Lead
- L Jackson – Mental Health Lead

2.0 Prevention

2.1 Definition

Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos.

2.2 Safe and Calm Environment

We will offer a learning environment that promotes and enhances positive mental health. A consistent approach means that our school environment and school ethos all promote the mental health of the whole school community. See Appendices for further guidance.

2.3 Curriculum

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum, RE Curriculum, RSE Curriculum. Our Forest School helps build resilience and supports mental health.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the [PSHE Association Guidance](#) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

3.0 Identification

3.1 Definition

Identification: recognising emerging issues as early and accurately as possible.

3.2 Recognition of Emerging Issues

When we suspect a pupil has a mental health difficulty, we will use the graduated response process (assess – plan – do – review) to put support in place.

There are a number of identification and measurement tools which we have access to:

- Strengths and Difficulties Questionnaire (SDQ)
- Boxall Profile

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the SENCO in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead or the head teacher. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary. Where a referral to CAMHS is appropriate, this will be led and managed by the SENCO.

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with Class Teacher, SENCO or our mental health ambassador.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

3.3 Managing Disclosures

A child may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure. If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively. Staff should use the CPOMS system in school to record disclosures

We should be honest with regards to the issue of confidentiality. If we it is necessary for us to pass our concerns about a student on then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

4.0 Early Support

4.1 Definition

Early support: helping pupils to access evidence based early support and interventions

4.2 Support

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

It is helpful to draw up an individual one page plan and information sheet for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant professionals.

4.3 Working with All Parents

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

4.4 Supporting Peers

When a child is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support.

Support will be provided either in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

It is important to recognise the need for confidentiality but also that there are limits to this at times a decision may need to be taken to share the information with others. The first point of call for this should be a discussion with the named Designated Safeguarding Lead.

4.5 Interventions

The school has a number of interventions that support children to be mentally healthy or give them the skills to cope with different situations. A list of the specific interventions can be found in the appendix and other interventions are bespoke to individual children.

5.0 Access to Specialist Support

5.1 Definition

Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

5.2 External Agencies

SwANS

Play Therapy Service

Emotional Literacy support assistants

CAMHS

Educational Psychology Service

5.3 Compliance

This policy complies with the statutory requirements in the SEND Code of Practice 0 - 25 (January 2015 with update April 2020) and should be read in conjunction with the following guidance, information and policies:

- [Special Educational Needs and Disability Regulations 2014](#)
- [Children and Families Act 2014](#)
- [Special Educational Needs and Disability Code of Practice 0-25 years \(January 2015 with update April 2020\)](#)
- [Statutory Guidance on Supporting Pupils with Medical Conditions 2014 \(with updates August 2017\)](#)

- [Keeping Children Safe in Education 2021](#)
- [Teachers' Standards 2011 \(last update July 2021\)](#)
- SEND Policy
- Safeguarding Policy
- Behaviour Policy

5.4 Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe.

We will share relevant information via email for staff who wish to learn more about mental health. The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more children. Where the need to do so becomes evident, we will host staff meetings for all staff to promote learning or understanding about specific issues related to mental health.

5.5 Monitoring, Evaluation and Review

The School Leadership Team and the Governing Body monitor the effectiveness, efficiency and impact of this policy annually in conjunction with the Parent/Carer Forum.

Appendices

Appendix 1: Mental Health & Wellbeing Parent/Carer Forum

Representatives

S Isherwood – Principal and Designated Safeguarding Lead

S Booth – Deputy Designated Safeguarding Lead

S Radcliffe – Deputy Designatd Safeguarding Lead

M Gartside – Governor

C Foster – Governor

Appendix 2: Risk and Protective Factors

| Risk and protective factors that are believed to be associated with mental health outcomes | | |
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| | Risk Factors | Protective Factors |
| In the child | <ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem • Bereavements • Ill health • Terminal illness • Inappropriate material from games and social media | <ul style="list-style-type: none"> • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in being able to control a given situation • Humour • 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 | <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 |

| | | |
|-------------------------|---|---|
| | <ul style="list-style-type: none"> • Parental criminality, • alcoholism or personality disorder • Death and loss – including loss of friendship | |
| In the school | <ul style="list-style-type: none"> • Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships | <ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • ‘Open door’ policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively |
| In the community | <ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • 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 3: A Mentally Healthy Environment

A mentally healthy environment has:

- A clear and agreed ethos and culture that accords value and respect to all
- A commitment to being responsive to children and young people's needs
- Clearly defined mental health links in school policies (as and when they are reviewed)
- Clear guidelines for internal and external referrals
- Strong links with external agencies to provide access to support and information
- A named lead for mental health promotion with the expectation that there is support and involvement and an ethos that 'mental health is everyone's business'.

A mentally healthy environment is a place where children and young people:

- Have opportunities to participate in activities that encourage belonging
- Have opportunities to participate in decision making (Risk Taking)
- Have opportunities to celebrate academic and non-academic achievements
- Have their unique talents and abilities identified and developed
- Have opportunities to develop a sense of worth through taking responsibility for themselves and others
- Have opportunities to reflect
- Have access to appropriate support that meets their needs
- Have a right to be in an environment that is safe, clean, attractive and well cared for
- Are surrounded by adults who model positive and appropriate behaviours, interactions and ways of relating at all times

A mentally healthy environment is a place where staff:

- Have their individual needs recognised and responded to in a holistic way
- Have a range of strategies that support their mental health, eg a named person to speak to, signposting
- Have recognition of their work-life balance
- Have the mental health and well-being of the staff reviewed regularly
- Feel valued and have opportunities to contribute to decision making processes
- Celebrate and recognise success
- Are able to carry out roles and responsibilities effectively
- Are provided with opportunities for CPD both personally and professionally
- Have their unique talents and skills recognised and opportunities are provided for development
- Have time to reflect
- Can access proactive strategies and systems to support them at times of emotional needs in both the short term and the long term

A mentally healthy environment is a place where parents/carers:

- Are recognised for their significant contribution to children and young people's mental health
- Are welcomed, included and work in partnership with schools and agencies
- Are provided with opportunities where they can ask for help when needed
- Are signposted to appropriate agencies for support
- Are clear about their roles and expectations of their responsibilities in working in partnership with schools

- Opinions are sought and valued and responded to
- Strengths and difficulties are recognised, acknowledged and challenged appropriately

A mentally healthy environment is a place where the whole school community:

- Is involved in promoting positive mental health
- Is valued for the role it plays in promoting positive mental health
- Contributes towards the ethos of the school

A healthy learning environment provides opportunities that promote positive mental health, through the standard curriculum and extended provision.