Mental Health and Emotional Wellbeing Policy

Approved by:	Full Governing Body
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Signed:	Chair: Mr. C. Harris

Why Mental Health and Well-Being is Important

At Reddal Hill Primary School, we aim to promote positive mental health and well-being for our whole school community; children, 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 children 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 (2014), identifies Social, Emotional and Mental Health as one of the four areas of SEND.

> In the last three years, the likelihood of young people having a mental health problem has increased by 50%. Now, five children in a classroom of 30 are likely to have a mental health problem.
>
> *The Children's Society (2021)*

The Department for Education (DfE) recognises that: "in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy."

Our role in school is to ensure that children 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 children 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.

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

Moral Purpose

Reddal Hill is passionate about making a difference to the lives of young people. We believe in teamwork; working with each other, with teachers and colleagues across the school, with the wider school community and most importantly with the children in our school. We act with determination. Whatever issues our students, their families, the school, our team or the community face, we always support, react and pull together. Moreover, we are committed to making a difference; we are not passive players in children's lives but active participants who can and do make a real difference. These reflect the school's curriculum intent statement and core vision, 'Developing Together for Tomorrow's World"

Our moral purpose can therefore be summarised below:
- Teamwork.
- Determination.
- Commitment.

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 children 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; and

● Where parents, staff and children 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; and

● Learn and achieve.

Links to other Policies

This policy links to our policies on Safeguarding and Child Protection, Behaviour, PSHE including RSE and Special Educational Needs and Disabilities (SEND) Policy.

What Inclusion and Effective Mental Health Interventions Means to Us

• The child stays at the centre of every conversation;

• We prioritise those who need our help most, but we intervene with all;

• When children are here, we can support and educate them – attendance matters;

• Children learn best when there are clear rules and simple consequences;

• Staff teach best when there are clear rules and simple consequences; and

• We use evidence-based practice for all our interventions.

A Whole School Approach to Promoting Positive Mental Health

We take a whole school approach to promoting positive mental health that aims to help children 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 children to develop social relationships, support each other and seek help when they need to;
3. Helping children to be resilient learners;
4. Teaching children social and emotional skills and an awareness of mental health'
5. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services;
6. Effectively working with parents and carers; and
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 children 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.

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 children with mental health needs and their families. Support includes:

● Parent Support Advisor

● Safeguarding Child Protection Team

● Mental Health Lead / Pastoral Lead

● Wellbeing Champion Staff Team - to manage mental health needs of staff, children and parents

● Inclusion lead

● Nurture LSP lead

● School-based Counsellor

● CAMHS core meetings to support staff to manage mental health needs of children

Expectations of Each Other

● Notes are kept up to date;
● Have read and understood section one of Keeping Children Safe in Education (2021);
● Make sure you know our behaviour, SEMH, attendance and safeguarding policies and protocols;

- Attend duties to support the wider school community;
- Attend meetings on time and prepared;
- Ensure wave one pastoral work is evidenced; and
- Speak to students, staff and each other with courtesy, respect and understanding.

Supporting Children's Positive Mental Health
We believe we have a key role in promoting children's positive mental health and helping to prevent mental health problems.

The school's Mental Health Team:
- Leads on and works with 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 Lead on teaching about mental health;
- Is the first point of contact and communicates with mental health services; and
- Leads on and makes referrals to services.

Our school has developed a range of strategies and approaches including;
- Transition Support;
- Support for vulnerable children, for example, Speech and Language Therapists (SALT) support, small group work such as Lego Therapy and Nurture sessions on an individual or group basis;
- Key Adults support secondary school visits with vulnerable children;
- Counselling sessions with a qualified therapist; and
- Drawing and Talking therapy with Foundation trained members of staffs.

Class Activities:
- Worry monsters;
- Mindfulness and breathing/meditation in class (planned into weekly PSHE lessons through the Jigsaw Programme of study).
- Calming Caddies located in every classroom

Whole School
- Weekly assemblies that support the PSHE theme and reinforce behaviour expectations;
- Weekly PSHE lessons using the Jigsaw Programme of study. This fully covers all of the RSE requirements alongside promoting wellbeing and mindfulness; and
- Positive feeling bags / resources are provided to children on an individual basis and provide resources to support emotional needs.

Teaching about Mental Health and Emotional Well-being

- Through weekly PSHE we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and help reduce the stigma of mental health problems. See the Jigsaw programme of study and policy.

Our approach is to:

- Provide a safe environment to enable children to express themselves and be listened to;
- Ensure the welfare and safety of children as paramount;
- Identify appropriate support for children based on their needs;
- Involve parents and carers when their child needs support;
- Involve children in the care and support they have; and
- Monitor, review and evaluate the support with children 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, completing a Wellbeing Measurement Framework;
- Working with the school office staff who are often the first point of contact with families seeking support;
- Home visits in Foundation Stage to identify needs;
- Analysing behaviour, exclusion and attendance;
- Worry monsters in each class for children to raise concerns which are checked by the class teacher;
- Pastoral referral forms for staff to raise concerns about individual children;
- Gathering information from a previous school at transfer or transition;
- Parental meetings; and
- Enabling children, parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'

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 child is experiencing mental health problems. Any member of staff concerned about a child will take this seriously and talk to the 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;

- 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; and / or
- 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 child 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 children
We recognise how important it is that staff are calm, supportive and non-judgmental to children who verbally disclose a concern about themselves or a friend. The emotional and physical safety of children is paramount and staff listen rather than advise. Staff are clear to children that the concern will be shared with the Designated Safeguarding Team and recorded in order to provide appropriate support to the child.

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

Confidentiality
All disclosures are recorded using the CPOMS safeguarding app.

Assessment, Interventions and Support
All concerns are shared with the Designated Safeguarding Team using the CPOMS safeguarding app; if the child is in danger than the safeguarding procedures are followed. We then implement our assessment system based on levels of need to ensure that children 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 the scoring of the Wellbeing Measurement Framework Assessment tool and discussions 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 children	Monitoring
Highest need	CAMHS-assessment, 1:1 counselling Drawing and Taking therapy Educational Psychologist involvement External agency support If the school, professionals and/or parents conclude that a statutory education, health and care (EHC) assessment is required, we refer to the SEND policy and SEN School Information Report. 1:1 nurture session	All children needing targeted individualised support will have a plan of pastoral support, setting out: • Identified need of the children; • How and when the child will be supported; • Actions to provide that support; and • Any special requirements. The plan and interventions are monitored, reviewed and evaluated to assess the impact using an assessment system devised by the Senior Mental Health Lead (pre and post support). Early Help Referral and Multi-agency meetings will be logged on CPOMS with parents / carers involvement as appropriate.
Some help	Nurture group provision Strength and Shine provision Small group intervention – Lego therapy	
Low need	General support in class by class teacher / LSP Regular 'check-in' by an allocated member of staff.	

Working with specialist services to get swift access to the right specialist support and treatment

In some case a child'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 child's provision.

School referrals to a specialist service will be made by the Pastoral lead, Inclusion Manager, the Designated Safeguarding Lead (DSL) or Parent Support Advisor, following the assessment process and in consultation with the children 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 children's specific needs.

Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
School Counsellor	Accessed through the Pastoral lead / Parent Support Advisor / DSL
Educational Psychologist	Accessed through the Inclusion Manager
Early Help Referral	Accessed through the Designated Safeguarding Team, Parent Support Advisor, Inclusion Manager, or Pastoral lead.

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 will:

● Provide information and signpost to organisations on our website on mental health issues and wellbeing;

● Have an Open-Door Policy;

● Offer and advertise the support of the Wellbeing Champion Team; and

● Support 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 / 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 / carers can support their child; and

● 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. Children are our primary concern, and in the rare event that parents / carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents / carers to access support for their own mental health needs.

Involving Children

● We seek children's views and feedback about our approach and whole school mental health activities through Pupil Voice, surveys, School councillors, PSHE lessons and assemblies.

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 children 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.

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 with regular opportunities for staff to reflect and discuss their own wellbeing individually and through phase meetings. Appreciation is a big focus at Reddal Hill Primary School, as we feel that staff should be recognised for their hard work and dedication. This is shown through Freedom Fridays, Staff Praise Boards and opportunities for recreational activities.

Staff Wellbeing focus groups and mentors have been established.

Staff have access to the school counsellor and external services.

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
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 child 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 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

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

Appendix 4

Our intent statement and links to other policies

SAFEGUARDING

- Safeguarding students comes above everything else we do.
- All staff across the school have training annually with reminders throughout the year at briefings, staff meetings and inset days.
- All new staff have safeguarding training as part of their induction.
- All staff at the school recognise that safeguarding is everyone's responsibility, that they should have read and understood section one of Keeping Children Safe in Education 2021, that early intervention is key and that context matters.
- All notes are kept securely.
- The Pastoral Lead, Parent Support Advisor and Assistant Headteachers are guided by the DSL/Headteacher who is an expert in this field.

ATTENDANCE

- All staff have a role to play in ensuring each child attends school.
- The attendance officer and Assistant Headteachers support by providing first wave support, checking in with students who have poor or low attendance.
- All of the staff work to remove barriers to good school attendance.
- We work together with external agencies to address and remove barriers to school attendance.
- We prioritise students who are classed as disadvantaged, SEMH or SEND, however, we are passionate about providing the same support to all students, irrespective of background.
- We follow the protocols which are in place, acknowledging that each child and situation is different and adjusting as required.

BEHAVIOUR

- Good behaviour allows for teachers to teach and students to learn.
- We have a moral obligation to prepare children for the rigours of work and life beyond education.
- We are here to educate the whole child, helping with their moral and personal development.
- We apply the protocols for each student, acknowledging that each child and situation is different and adjusting as required.
- We prioritise students who are classed as disadvantaged, SEMH or SEND, however, we are passionate about providing the same support to all students, irrespective of background.
- We make reasonable adjustments for students with SEND or vulnerable students.
- We have a support-based system; after each level of sanction comes an appropriate level of support.
- We involve parents in supporting their child to improve their behaviour.

PASTORAL CARE/MENTAL HEALTH

- Pastoral support is driven by our moral purpose.
- We do not give up on students and constantly look for ways to support them.
- Our interventions are directed by evidence-based practice.
- Our staff are passionate about becoming experts in their field around pastoral and mental health support.
- We work with numerous external agencies to support our pupils.
- We recognise that early intervention is vital.
- We involve parents as appropriate in the support which we put in place.
- Our interventions are assessed and evaluated using entry and exit questionnaires.
- The mental health of our students and staff is of the highest priority.

Our policy places high value on excellent school practice and research evidence to inform the overarching principles above.