



'Learning Together, Achieving Our Best'

Mental Health & Wellbeing Policy

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| Written | September 2024 |
| Review Date | September 2025 |

Our vision is to create a school community where children grow into happy, confident and responsible individuals, who work hard together to achieve their full potential.'

1. Rationale

Mental health is a state of wellbeing in which an 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. (World Health Organisation). 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”.

At our school, we aim to promote positive mental health for all children and for every member of our staff body. We pursue this aim using both whole school approaches and specialised, targeted interventions aimed at vulnerable pupils. This policy supports consistency of approach and equality of provision for all.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. 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. By implementing practical, relevant and effective mental health policy and procedure we can promote a safe and stable environment for pupils who are affected both directly and indirectly by mental ill health.

This policy describes the school’s approach to promoting positive mental health and wellbeing and is intended as guidance for all staff, parents and carers. It should be read in conjunction with the following:

- Behaviour and Relationships Policy (2024)
- SEND Policy (2024)
- Safeguarding and Child Protection Policy (2024)
- Medical Conditions Policy (2024)

2. Aims & Purpose

- To promote positive mental health and wellbeing for all staff and pupils.
- To increase understanding and awareness of common mental health issues.
- To alert staff to early warning signs of mental ill health.
- To provide support for staff working with young people with mental health issues.
- To provide support for pupils suffering mental ill health, their peers and parents/carers.

3. Roles and Responsibilities

All Staff

We take a whole school approach to promoting positive mental health and wellbeing that aims to prevent problems before they arise and help pupils become resilient, happy and successful. This relies on an open and positive culture that encourages discussion and understanding of mental health issues.

All staff have a responsibility to uphold this ethos. They should understand risk factors that might make some children more likely to experience problems, such as a physical long-term illness; having a parent with poor mental health; death and loss, including loss of friendships; family breakdown; and bullying. Staff should also understand the factors that protect children from adversity, such as developing good self-esteem; communication and problem-solving skills; a sense of worth and belonging; and emotional literacy.

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 receive early intervention and the support they need.

Mental Health Team

This includes:

- Mental Health Lead (Mrs. K Dixon)
- SENDCO (Mrs. H Bennett)
- Designated Safeguarding Team (Mr. R Howe, Miss. G West, Mrs. K Stacey, Mrs. J Fricker) which will:
 - Lead on and work with other staff to coordinate whole school activities to promote positive mental health, including work with the local Mental Health Support Team (see below).
 - Provide advice and support to staff and organise training and updates.
 - Keep staff up-to-date with information about what support is available.
 - Liaise with the PSHE Leader on teaching about mental health.
 - Be the first point of contact and communicate with mental health services.
 - Lead on and make referrals to services.

4. Common Mental Health Difficulties in Children and Young People

Some children experience a range of emotional and behavioural problems that are outside the normal range. Many of these will be experienced as mild and transitory challenges, whereas others will have more serious or longer lasting effects. When a problem is particularly severe or persistent, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders. These may include:

- Emotional disorders, e.g. phobias, anxiety states and depression;
- Conduct disorders, e.g. stealing, aggression or anti-social behaviour;
- Hyperkinetic disorders e.g. disturbance of activity and attention;
- Developmental disorders e.g. delay in acquiring skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- Attachment disorders, e.g. children who are very distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Other mental health problems including eating disorders, habit disorders, post-traumatic stress syndromes; sleep disorders; and psychotic disorders such as schizophrenia and manic depressive disorder.

5. Trauma Informed Practice – the PACE Approach

We are a ‘trauma informed school’. We employ a PACE approach and use relational practice which helps children feel safe. This focuses on building trusting relationships, emotional connections and a sense of security. All staff receive ongoing training in this approach.

Using PACE helps adults to slow down their reactions, stay calm and tune into what the child is experiencing in the moment. It supports us to gain a better understanding of what the child is feeling. It allows us to stay emotionally regulated and guide the child through their heightened emotions, thoughts and behaviours. In turn, PACE helps children to feel more connected to and understood by important adults in their life and ultimately, to slow down their own responses.

PACE includes the following, which are employed flexibly and in conjunction with each other (not as a step by step process):

Playfulness – this adds elements of fun and enjoyment to day-to-day life and can also diffuse a difficult or tense situation. Playfulness includes using a light and playful voice; lowering physically to the same level; using appropriate body and facial language; and making games out of routine activities.

Acceptance – this is at the core of a child’s sense of safety. We communicate to children that they are safe with us – that their experiences, feelings and emotions are not right or wrong, they just *are*. We express our acceptance in our verbal communication, often using ‘WINE’ (Wonder, Imagine, Notice, Empathy)

Curiosity - Curiosity, without judgment, is how we help children reflect upon the reasons for their behaviour. Through being curious, we try to help the child understand *why* they have behaved in a certain way. Again, we often use a WINE approach to support this.

Empathy – Empathy reassures children that their feelings are important to us, and that we are alongside them in any difficulties they are having. Through empathising, we show that we are trying hard to understand their experience and can cope with this together.

Examples of PACE questions / comments:

"I wonder if you broke the toy because you were feeling angry."

"I imagine you thought that was unfair. You wanted to play longer"

"I noticed that you didn't want to leave Mummy this morning, I wonder how you're feeling now"

"I was really worried about how you were feeling when you wanted to run away. Those feelings must have been really big. I wonder if..."

"I imagine you were really scared when you..."

"I can hear you saying that you hate me. That must feel horrible. I'll still be here for you when you calm down".

"I'm disappointed by what you did, but I know you were really upset. It doesn't change how much I care about you".

"I don't know if you are feeling really sad or angry, and maybe you don't know either, but I can see it is really difficult. I am worried about you and I don't want you to feel alone with these feelings. I will just stay here if that is ok?"

6. Behaviour and Relationships Policy (2024)

Our Behaviour & Relationships Policy is based on the above relational practice. Through it, we recognise the need to **protect** children with strong structures, rules and boundaries, and for all adults to apply these with complete consistency so that children experience everyday certainty and predictability. We **relate** to children using a consistent PACE approach, and we support them to **regulate** and **reflect**.

The Behaviour and Relationships Policy should be read in conjunction with this policy as they work hand in hand with each other.

7. Devon Mental Health Support Team

We work in partnership with the Mental Health Support Team (MHST) from Children and Family Health Devon. The team supports us in our whole school approach to mental health and wellbeing, with offers including workshops, staff training, assemblies and training of pupil Mental Health Ambassadors. They also provide focused early intervention for children aged 5-11 who are experiencing mild to moderate common mental health difficulties. See:

<https://childrenandfamilyhealthdevon.nhs.uk/our-pathways/mental-health-support-team/>

8. Additional Strategies

Universal

- Weekly assemblies which often have a mental health and wellbeing theme or message.
- Displays and information around the school about positive mental health and wellbeing, and where to go for help and support both within the school and outside the school.
- PSHE curriculum - we use the Jigsaw programme for weekly PSHE lessons. These 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.
- Each class has a 'Worry Box' which is checked regularly by the class teacher so that any problems can be picked up early.
- Mental Health Ambassadors, trained by the Mental Health Support Team to support their peers' mental health and wellbeing (see above)
- Transition meetings between classes for all children.
- Training from the Mental Health Support Team (see above) for all staff on:
General Awareness of Anxiety – 7th October and 17th October 2024
Managing stress in the workplace – 13th November and 20th November 2-3pm

Targeted

- Adjustments and adaptations through individual support plans, e.g. timetable adjustments; adapted work; stress relief activities; sensory breaks etc.
- Enhanced transition between classes for vulnerable children, including transition into Foundation from Pre-School, and Secondary School from Year 6.
- Nurture Room provision during lessons and at break and lunchtimes with support from a trained member of staff.
- Referral to the Mental Health Support Team (see above) for 1-1 Low Intensity Cognitive Behavioural Therapy– see the following for more detail:
<https://childrenandfamilyhealthdevon.nhs.uk/our-pathways/mental-health-support-team/>
- A range of other individual and group therapy sessions including: Art Therapy; 'Pets and Picasso'; Donkey Sanctuary visits; Lego Therapy or Social Skills groups.

9. **Identification of Need**

We aim to identify children with mental health needs as early as possible. We do this in a wide variety of different ways, all of which are supported by staff training on mental health from the MHST, as detailed above:

- Daily 'meet and greet' by the Headteacher, Deputy Head or SENDCo, and class teachers. This ensures that all children are seen and greeted each day, and gives both children and parents the opportunity to talk to staff if needed.
- Encouraging children to discuss any concerns with a member of staff; worry boxes in each classroom for pupils to use if they prefer.
- Identification by 'front of house' office staff, with a member of admin staff on the Mental Health Team.
- Fortnightly Team Meetings where any concerns are passed on and discussed.
- Staff report concerns to the Mental Health Lead directly using weekly updates, CPOMs and / or face to face conversation.
- Consultation with the MHST.
- Half-termly analysis of behaviour, suspensions, and attendance.
Could include use of consultation to identify need with pupils for LICBT/additional services via signposting from MHST
- Home visits prior to Foundation and information gathering for new pupils joining in-year.
- Annual pupil, parent and staff surveys.
- Twice yearly Parents Meetings.

Warning signs

- Changes in eating / sleeping habits.
- Repeated physical pain or nausea with no evident cause Increased isolation from friends or family, becoming socially withdrawn.
- Changes in activity and mood.
- Changes in engagement with learning.
- Talking or joking about self-harm or suicide.
- 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.
- An increase in lateness or absences.

Verbal Disclosures by Pupils

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 Mental Health Lead and recorded in order to provide appropriate support to the pupil.

If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures are followed (See Safeguarding and Child Protection Policy, 2024)

10. Responding to Concerns

All concerns are reported to the Mental Health Lead and recorded using CPOMs. We then implement our assessment system based on levels of need to ensure that pupils get the support they need from the options described in 6. above.

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 alert parents to any concerns that we have in a timely manner, and arrange to meet with them where necessary to agree a support plan.
- Similarly, we respond to any concerns raised by a parent by meeting with them as quickly as possible and aiming to work together to support the child.
- We support parents and carers with children with mental health needs through sensitive and supportive regular meetings and signposting.
- We provide information about mental health through monthly bulletins in our newsletter, and regular signposting to services providing advice and support.
- Parents and carers will always be informed if their child is at risk of danger. 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. Support for Parents and Carers

We have an 'open door' policy and build relationships with all our parents and carers to ensure they have a sense of belonging within our school. We help parents with their own mental health and wellbeing by regularly signposting them to support services that are available through our newsletter and other communication channels; supporting referrals; and engagement in Early Help where appropriate. There is also the potential for the MHST to offer Parent Workshops if required.

12. Support for Staff

We recognise that a healthy happy workforce is required to deliver the best education for all our pupils. Our expectation is that staff have a responsibility to support their own mental health by accessing appropriate support, looking after their own mental health and developing resilience and coping strategies.

As a school, we are committed to supporting a good work life balance and helping staff to lead healthy working lives. We offer the following to support their positive mental health:

- A dedicated staff room for relaxation and eating, with refreshments provided free of charge.
- A dedicated staff study room. Teachers may also take their PPA time at home.
- There is no expectation for staff to be at work outside their normal working hours, including teachers outside directed time.
- We will take staff mental wellbeing into reasonable consideration when deploying staff to various roles around school.
- All school policies, including those under the umbrellas of Curriculum and Teaching & Learning, are written with appropriate consideration to staff workload.
- Staff are protected from receiving emails directly from parents; and any emails from colleagues which may cause disquiet are sent during working hours and never in the evenings or at weekends.
- A range of support services, free at the point of need, is signposted weekly through the Trust's 'Weekly Whistle'.
- Supportive and generous Trust policies to cover staff absence.
- Training from the Mental Health Support Team for all staff as outlined above.
- SLT have an open door policy for all staff. They are committed to supporting staff who are experiencing mental health difficulties and who have asked for help and support. Reasonable adjustments will be made for staff with recognised mental health issues.
- Flexible working applications are always seriously considered within the confines of what is best for the pupils.

NB – Through our School Development Plan 2024, we plan to focus further on Staff Mental Health and Wellbeing in the Spring Term. This policy will be updated at that point. It is likely that consideration will be given to the following:

- A greater focus on recognising individual staff strengths through initiatives such as a staff star of the week; positive mentions in newsletters; individual and public thanks and praise; feedback from observations; learning walks etc.
- Staff mental health champion –a member of the SLT with an open door policy who is a point of contact for all staff.

13. Monitoring and Evaluation

This policy was written in collaboration with the whole school. Its effectiveness will be monitored by the Mental Health Lead and SLT. This policy will be reviewed every three years or sooner if deemed necessary.