Eastfield Primary Academy Mental Health Policy



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Produced by:

L Dalling / R Moody

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Eastfield Primary Academy Mental Health Policy

Schools have an important role to play in supporting the mental health and wellbeing of children by developing whole school approaches tailored to their particular needs, as well as considering the needs of individual pupils." Mental Health and Behaviour in Schools (DFE, November 2018)

Overview

Eastfield Primary Academy will do all that it can to promote the Health and Wellbeing, including mental health, of all who learn and work here. Promoting healthy lifestyle for all will be a priority. We have put into place a number of policies which will be used to promote the health and well. being of pupils and staff. These include:

٠	Send policy	Anti- bullying Policy	
•	Behaviour Policy	Safeguarding Policy	
•	Attendance Policy	Heathy Eating Policy	
•	Equality and Objectives Policy	Medical Needs Policy	
	, , ,	Relationships and Health Education Policy	

Objectives

- To promote life skills across the curriculum so that pupils will learn about mental, emotional, social and physical wellbeing.
- To ensure that the good health, wellbeing and mental health of all who work in this school is promoted effectively.
- To ensure that the school has a wide range of appropriate policies and strategies in place to ensure that the good health, well-being and mental health of all and that they underpin everything that we do.

Strategies

- We will appropriately promote the health, wellbeing and mental health of pupils across the subjects of the curriculum taking account of their age and stage.
- Staff will help pupils to acquire the relevant knowledge and understanding of the human body and how it works and of the social and emotional factors that influence health.
- To have 'designated leaders" (Rob Moody & Laura Dalling) and link governor for mental health with
 responsibility for the oversight of this policy and strategy for ensuring the mental well-being of
 all in this school.
- All staff will encourage pupils to make informed choices and take appropriate decisions to help ensure that they understand the importance of a healthy lifestyle that also promotes good mental health.
- We will foster links between school, home and community and appropriate outside agencies so that all are involved in a collective responsibility for promoting good health and good mental health.
- We will pay attention to the six areas of health and wellbeing across the curriculum, these will
 include mental, emotional, social and physical and spiritual wellbeing; planning for choices and
 changes; physical education and physical activity and sport; food and healthy eating; the
 dangers of substance misuse and relationships and parenthood.
- We will use the work-load policy and strategy to promote the health and well-being, including the mental health of pupils, staff and all who work in this school
- We will ensure that the curriculum, homework, testing and assessment and teaching and learning strategies take account of pupils' well-being and mental health.

- We will use the Employee Well Being policy to ensure that the health and well-being including mental health of staff is a priority.
- We will provide safe and healthy working conditions for all in school.

Outcomes

Eastfield Primary Academy are committed to promoting and maintaining the good health and wellbeing, and mental health, of everyone here and we will work together with parents, the local community and appropriate outside agencies to enable pupils to make healthy informed choices and to promote the health, mental health and well-being of all.

Key Points and Principles

- At Eastfield Primary Academy we recognise that we have a central role to play in enabling our pupils to be resilient, and to support good mental health and wellbeing.
- Education about relationships, sex and health are important vehicles through which we can teach pupils about mental health and wellbeing.
- A consistent whole school approach is essential to promoting positive mental health and wellbeing.
- School staff cannot act as mental health experts and must not try and diagnose conditions. However, there are clear systems and processes in place for identifying possible mental health problems.
- As set out in chapter 6 of the statutory SEND 0-25 years Code of Practice 2015, school needs to be alert to how mental health problems can underpin behavior issues in order to support pupils effectively. Staff also need to be aware of the duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of disability.
- When staff suspect a pupil may have a mental health problem, they must use the graduated response process (assess-plan-do-review) to put appropriate support in place.
- It is important that staff at Eastfield Primary Academy have an understanding of the local services available, including the School Nurse, as well as national organisations. The school's Designated Lead for Mental Health will work closely with the SENCO in order to ensure that the list of local services available remains up to date.

Eastfield's responsibilities in relation to Mental Health

"All schools are under a statutory duty to promote the welfare of their pupils" P6 Mental Health and Behaviour in Schools (DFE, November 2018). At Eastfield Primary Academy we know that early intervention is crucial in supporting pupils. The school role in summary is;

Prevention	*At Eastfield Primary we have a safe and calm environment for all pupils, staff and visitors. *Pupils are taught about Mental Health and well- being through the curriculum and reinforcing this through school teaching and ethos.
Identification	*Recognising emerging ISSUES as early and accurately as possible.
Early Support	*Helping pupils to assess evidence based early support and interventions.
Access to specialist Support	*Working effectively with external agencies to provide swift access or referrals to specialist support and treatment.
Safeguarding	If staff have a mental health concern that is also a safeguarding concern, immediate action must be taken, in line with the school's Safeguarding and Child Protection Policy.

Mental Health Provision Map

The following provision map advises all staff on the advised route to signposting support for children. Please note that individual concerns may require a different or unique approach, which will be assessed on an individual basis. Ultimately, if you are concerned about a child, please seek advice from the Mental Health Lead; Rob Moody/ SENCO; Laura Dalling /Attendance & Welfare Officer; Caroline Pell/ Pastoral Lead; Kellie Payne/ Safeguarding Team; Kerry Thompson, Anna Wood, Rob Moody, Laura Dalling, Caroline Pell.

Tier 1: Universal Level Support - response to low level incidences and concerns

These concerns are categorised as short periods of unsettled wellbeing. These will be incidents, which cause a child distress but do not seem to have a long term or lasting impact on overall wellbeing.

What is our response?

- Listen to child and reassure.
- TA to inform Class Teacher of issue, Teacher/ TA to support monitor and report concerns using CPOMs and safeguarding team to discuss in weekly meeting. If a serious concern escalating up to higher tier via safeguarding team.
- In case of minor illness, TA to speak to Class Teacher and use judgement about child trying to get through next lesson/ morning/ lunch. If child obviously needs to go home, TA to seek advice from member of SLT before TA calls parent to collect/ advise/ administer medication.
- Ensure Class teacher is aware of concern: TA/ Class teacher to monitor.
- Class Teacher to contact parents to discuss concerns.
- Direct Pastoral support from pastoral lead, either short or longer term (parents should be informed of any direct support by class teacher).
- SENCO consultation if necessary.
- If concern continues, or increases in severity, move up to Tier 2
- If incident is managed or reduces, safeguarding team to monitor before removal of support.

Tier 2: Targeted Support - planned interventions in school to address mental health concerns.

These concerns are categorised as those, which are longer term and are beginning to impact on the welfare and academic progress of the child.

What is our response?

- Pastoral Lead/ Safeguarding team to contact parents to discuss possible next steps and gain parental consent for agency support.
- When pertinent, actively encourage parent to seek GP advice and guidance.
- Log concern on CPOMs.
- SENCO involvement to discuss possible use of graduated approach alongside interventions.
- In-school support/ interventions with Pastoral Lead whilst considering or awaiting external agency support.
- External Agency referrals to be considered by SENCO/ Safeguarding team; MARF/ Early Help/ Compass/ YMM/ School Nursing Team/ Fortis Counselling/ Young Carers/ Integrated Front Door.
- Consider Applied Psychologies discussion to seek advice/ further support.
- SENCO/ Safeguarding team to evaluate external advice and provide further evidence/reports where necessary.
- TA/ Class teacher responsibility to monitor and report any concerns immediately through CPOMs.

Tier 3: Personalised Support - professional referral to high-level mental health concerns.

These could be long-term concerns over anxiety, mental health, depression, disclosure related or an escalated response to an incident graded at Tier 2 and serious and possibly life-threatening incidents, which require professional intervention outside of school.

What is our response?

- Direct immediate support from safeguarding team/ pastoral lead if a concern becomes apparent in school. Remove child to safe place in school building to talk to an adult; DSL to consider appropriacy of contacting parents as soon as possible if incident occurs during the day (not waiting for end of school day).
- If a disclosure is made, staff to follow safeguarding policy.
- DSL to consider consultation with social services as appropriate.
- Following any incident, DSL to consider a risk assessment on basis of safeguarding for suitability of child to be in school and consider positive handling plan, with parents.
- Safeguarding team to consider supportive educational provision in consultation with parents and Local Authority.
- Work in tandem with external professionals to support child through school-based support detailed in Tier 2.

Creating a whole school culture at Eastfield Primary Academy

The health and well-being of pupils and staff is promoted through the day to day running of the school, including through leadership practice, the school's policies, values and attitudes, together with the social and physical environment.

In addition to this, the health and well-being of pupils and staff is further promoted through:

Teaching	*Using the curriculum to develop pupil's knowledge about health, well-being and healthy coping strategies.
Partnerships	*With families and the community. *Proactive engagement with families, outside agencies and the wider community to promote consistent support.

At Eastfield Primary Academy we emphasise the importance of promoting positive well-being and mental wellbeing through:

- Teaching through PSHCE, including Sex and Relationships Education.
- Access to a Pastoral Lead and Education Welfare Officer.
- Linking with specialist projects, such as Compass Peer Mentoring project.
- Positive classroom management in line with the school's behaviour policy, using reasonable adjustments for identified children, where relevant.
- Social skills interventions.
- Working with parents and carers to promote positive wellbeing at home.

At Eastfield Primary Academy there is a mentally healthy environment where children:

- have opportunities to participate in activities that encourage belonging (e.g. Circle Time)
- have opportunities to participate in decision making (e.g. Team EAST)
- have opportunities to celebrate academic and non-academic achievements (e.g. Celebration Assembly)
- have their unique talents and abilities identified and developed (e.g. Extra-curricular activities and events)
- Have opportunities to develop a sense of worth through taking responsibility for themselves and others. (e.g. residentials, school trips)
- have opportunities to reflect
- have access to appropriate support that meets their needs (e.g. TA support in class or support from Pastoral Lead)
- Are surrounded by adults who model positive and appropriate behaviours and interactions at all times.
- Have a right to an environment that is safe, clean, attractive and well cared for.

At Eastfield Primary Academy there is a mentally healthy environment where staff:

- Have their individual needs recognised and responded to in a holistic way.
- Have a range of systems in place to support mental well-being e.g. performance management, briefings, training.
- Have recognition of their work-life balance.
- Feel valued and have opportunities in the decision making processes
- Success is recognised and celebrated.
- Are provided with opportunities for CPD both personally and professionally.
- Can access support and guidance at times of emotional need in both the short and long term, provided

by Westfield Health.

At Eastfield Primary Academy there is a mentally healthy environment where parents and carers:

- Are recognised for their significant contribution to children and young people's mental health.
- Are welcomed, included and work in partnership with the school and agencies.
- Are provided with opportunities to ask for help when needed and signposted to appropriate agencies for support.
- Are clear about their role, expectations and responsibilities in working in partnership with the school (e.g. home school agreement, Parents Meetings).
- Opinions are sought, valued and responded to (e.g. Questionnaires.) strengths and difficulties are recognised, acknowledged and challenged appropriately.

Understanding the link between mental health and behavior

"Mental health is defined as a state of wellbeing in which every individual recognises his or her own potential, can cope with 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)

Mental Health problems in children

At Eastfield we recognise that short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

- Emotional disorders, for example phobias, anxiety states and depression
- Conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behavior
- Hyperkinetic disorders, for example disturbance of activity and attention;
- Developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- Attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect;
- Other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic depressive disorder.

At Eastfield Primary Academy we understand that:

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.

Eastfield staff may instead observe children day to day and could identify those whose behavior that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may be otherwise unrecognised.

Risk and protective factors:

We recognise that certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family or to their community or life events. In order to promote positive mental health, it is important that schools have an understanding of the protective factors that can enable pupils to be resilient when they encounter problems and challenges.

Risk and protective factors that are believed to be associated with mental health outcomes:

In the child		
Risk Factors	Protective Factors	
* Genetic influences	 Secure attachment experience 	
* Low IQ and learning disabilities	> Outgoing temperament as an infant	
* Specific development delay or neuro-diversity	 Good communication skills, sociability 	
* Communication difficulties	> Being a planner and having a belief in control	
* Difficult temperament	> Humour	
* Physical illness	> A positive attitude	
* Academic failure	 Experiences of success and achievement 	
* Low self-esteem	> Faith or spirituality	
	> Capacity to reflect	

In the family	
Risk Factors	Protective Factors
 * Overall 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 	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.
* Parental criminality, alcoholism or personality disorder	
* Death and loss - including loss of friendship	

In the school	
Risk Factors	Protective Factors
* Bullying including online (cyber)	* Clear policies on behaviour and bullying
* Discrimination	* Staff behaviour policy (also known as code of
* Breakdown in or lack of positive friendships	conduct)
* Deviant peer influences	* 'Open door' policy for children to raise problems
* Peer pressure	* A whole-school approach to promoting good
* Peer on peer abuse	mental health
* Poor pupil to teacher/school staff	* Good pupil to teacher/school staff relationships
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 raise concerns about policies and processes, and know they will be dealt with fairly and effectively
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In the community	
Risk Factors	Protective Factors
* Socio-economic disadvantage	*Wider supportive network
* homelessness	* Good housing
* Disaster, accidents, war or other overwhelming	* High standard of living
events	* High morale school with positive policies for
* Discrimination	behaviour, attitudes and anti-bullying
* Exploitation, including by criminal gangs and	* Opportunities for valued social roles
organised crime groups, trafficking, online abuse,	* Range of sport/leisure activities
sexual exploitation and the influences of extremism	
leading to radicalisation	
* Other significant life events	

The balance between risk and protective factors is most likely to be disrupted when difficult events happen in pupils' lives, including:

- Loss or separation resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted, deployment of parents in armed forces families;
- Life changes such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school;
- Traumatic experiences such as abuse, neglect, domestic violence, bullying, violence, accidents or injuries;
- Other traumatic incidents such as a natural disaster or terrorist attack. Some groups could be susceptible to such incidents, even if not directly affected. As such, Eastfield staff are made aware of armed forces families, who may have parents who are deployed in areas of terrorist activity and are surrounded by issues in the media.

Children in Need, looked-after and previously looked-after children

At Eastfield Primary Academy we understand that where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is therefore key that staff are aware of how these children's experiences, and their high prevalence of special educational needs and mental health needs, can impact on their behaviour and education. This will be taken into account when creating behaviour plans, learning plans or adjustment plans for these children. In some cases it may also be necessary to create an individual healthcare plan. Strategies to support these children will also be shared with all adults who regularly work with them, in order to ensure consistency of approach.

Where a child is being supported through local authority children's social care, their allocated social worker is a source of appropriately-shared information about wider developmental needs, child protection concerns, and parental, familial and contextual circumstances. Effective multi-agency working between schools and social care will help to inform a school's assessment of a child's educational and mental health needs, as well as enabling a prompt response to any safeguarding concerns. This will be coordinated by the school's DSL and Deputy DSLs.

Where a staff member has concerns about a looked-after child's behaviour, the designated LAC teacher and the Virtual Head Teacher should be informed at the earliest opportunity so they can help decide how to

support the child to improve their behaviour. Where a member of staff has concerns about the behaviour of a previously looked-after child, advice will be sought from the school's designated LAC teacher in conjunction with the SENCO and discussions held with parents. If this is deemed by all parties to be insufficient, then the child's parents or the school's designated teacher, following discussions with the child's parents, may seek the advice of the Virtual Head Teacher on strategies to support the child.

Mental health and social educational needs

Early intervention to address underlying causes of disruptive behaviour should include an assessment of whether appropriate provision is in place to support any SEN or disability that a pupil may have. The safeguarding team will also consider the use of a multi-agency assessment for a pupil who demonstrates persistent disruptive behaviour. Such assessments may pick up unidentified SEN, disability or mental health problems but the scope of the assessment could go further, for example, by seeking to identify housing or family problems. It is important to note that not all children with mental health difficulties will have SEN. But persistent or serious mental health difficulties will often meet the definition of SEN, in that they lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.

Identifying children with possible mental health problems

Negative experiences and distressing life events can affect mental health in a way that can bring about changes in a young person's behaviour or emotional state. This can be displayed in a range of different ways:

- Emotional state (fearful, withdrawn, low self-esteem)
- Behaviour (aggressive or oppositional; habitual body rocking)
- Interpersonal behaviours (indiscriminate contact or affection seeking, over-friendliness or excessive clinginess; demonstrating excessively "good' behaviour to prevent disapproval; failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed; coercive controlling behaviour; or lack of ability to understand and recognise emotions).

If a member of staff is concerned about a pupil and suspect that mental health difficulties may be present, they will raise this with the SENCO (Miss Laura Dalling) / Designated Lead for Mental Health (Mr Rob Moody)/ Safeguarding Team. The SENCO and DSLMH will then determine the relevant process to help further identify and support needs. The child and family will be supported through the graduated response process:

- An assessment to establish a clear analysis of the pupils' needs;
- A plan to set out how the pupil will be supported;
- Action to provide that support;
- Regular reviews to assess the effectiveness of the provision and lead to changes where necessary

The SENCO, DSLMH and Safeguarding Team will use evidence to determine if a child can be supported in school through reasonable adjustments and a learning plan, which may involve small group interventions or one to one sessions. If it is deemed that more help is required e.g. from an external agency, then the family will be supported through the Early Help Process and other professionals involved (e.g. School Nurse, Educational Psychologist) as needed.

If a parent has a concern about their child, they also have the option to speak to the School Nurse directly. No appointment is needed for these and the nurse can provide confidential support and advice.

Procedures when concerned about an Individuals' Mental Health and risk of self-harm

- If any adult in school has a concern regarding a pupil or adult within school, then this should immediately be referred to anyone on the school safeguarding team.
- The child should be removed to a safe place if required. If there are any sharp items such as scissors or pencils, these should be removed from the vicinity. The child should then have someone present with them at all times.

- If actual self-harm has occurred, refer urgently to A and E and inform parent/carers.
- For any concerns identified, safeguarding team will identify course of action and prioritise response.
- Human Resources will be contacted when in relation to a member of staff.
- If the incident involves a parent, make direct contact with The Integrated Front Door (01472 326292, option 2), they may then decide to contact social services.
- A written account of the concern should be recorded, as soon as possible, this must be the same day. This information will be recorded on CPOMs as soon as possible.
- A risk assessment or safety plan may be required.

Staff

At Eastfield Primary Academy we are committed to protecting the health, safety and welfare of our employees. We recognise that workplace stress is a health and safety issue and acknowledge the importance of identifying and reducing workplace stressors. The Employee Well-being Policy is available on staff shared and central ELT website.