



MENTAL HEALTH AND WELLBEING POLICY SEPTEMBER 2021

“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).

Policy statement

At NET Academies Trust, we are committed to promoting positive mental health and wellbeing for our whole school community (children, staff, parents and carers). 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. We also recognise our role in ensuring 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.

Scope

This document describes Waltham Holy Cross Primary academy’s approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors. The policy should be read in conjunction with our Medical policy in cases where a student’s mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational need, NET Academies Trust Safeguarding policy, Relationship policy, Equality and Diversity policy and the RSE curriculum document. It also draws upon our whole school use of Trauma Perceptive Practice strategies and Zones of Regulation.

Policy aims

Through this policy, we aim to promote a strong sense of commitment to mental health and wellbeing. To do this we:

- promote life skills across the curriculum so that pupils will learn about mental, emotional, social and physical wellbeing.
- ensure that the good health, wellbeing and mental health of all who work in this school is promoted effectively

- ensure that the school has a wide range of appropriate policies and strategies in place to ensure the good health, well-being and mental health of all and that they underpin everything that we do.
- alert staff to early warning signs of poor mental health and wellbeing
- provide support to staff working with young people with mental health and wellbeing issues
- provide support to pupils suffering mental ill health and their peers and parents/carers

Key Members of Staff for Mental Health and Inclusion

Sarah Clarke- DSL

Lisa Golding- DDSL

Rebecca Pieropan- Mental Health First Aider

James Hollinsley- TPP Lead

Larisa Albu - Governor

Andrea Hanson – Inclusion Lead

“Mental Health is 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.” (World Health Organisation 2014)

Promoting a whole school approach

Through our whole school commitment to recognising and supporting mental health, we ensure that the teaching of the curriculum develops pupils’ knowledge about health and wellbeing. We do this through our curriculum, policies, values and attitudes, together with the social and physical environment. In addition to this, children’s mental health and wellbeing is further promoted through partnership with family, community and outside agencies. At Waltham Holy Cross Primary Academy, children have access to a school counsellor through Place2Be services such as Place2talk and one to one counselling. There is also opportunity for parents to access counselling with the service. Links with the charity MIND also provide further opportunities to support children and parents with positive mental health. We recognise that, whilst working within the expectations of the Relationship policy, reasonable adjustments may need to be made, where relevant, for identified children. Children with identified Social, Emotional and Mental Health needs take part in planned interventions such as Lego therapy and social stories, and have access to appropriate support in class that meets their needs. Parents are welcomed, included and work in partnership with the school and agencies. Parents are provided with opportunities to ask for help when needed and signposted to appropriate agencies for support such as EWMHS, MIND, school nursing service and the trust Family Liaison Officer.

Early Identification

All staff have received training on risk and protective factors (see Appendix 1) through the trust-wide Trauma Perceptive Practice training.

Staff may become aware of warning signs which may indicate that a pupil, or parent/carer is experiencing mental health or emotional wellbeing issue. These warning signs should always be taken seriously and staff observing any of these should share their concerns with a member of the SEND team, the school mental health first aider or mental health lead or the DSL.

Warning signs

Staff may become aware of warning signs that indicate a pupil 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 alert the Head of School, Miss S Clarke.

Possible warning signs, which all staff should be aware of 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

Individual care plans

If a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support through EWMHS or another external organisation, it is recommended that an Individual Care Plan should be drawn up, with the input of the pupil, parent/carer and relevant professionals. This would be reviewed with parent/carer termly, as part of the One Planning cycle, facilitated by the class teacher and Mental Health Lead.

Managing disclosures

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental. Therefore, all staff need to know how to respond appropriately to a disclosure. Staff should listen, rather than advise and first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures must be recorded using My Concern and this information should be shared with the mental health lead, Miss R. Pieropan, who will offer support and advice about next steps.

Confidentiality & safeguarding

If a member of staff feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the student. We will tell them:

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

- When we're going to tell them

It is important to safeguard staff emotional wellbeing. By sharing disclosures with an appropriate colleague, this ensures one single member of staff is not solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents will always be informed following a disclosure or if a concern is raised. If a pupil gives reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but safeguarding procedures should be followed.

Sources of support at school and working with specialist services

In some cases, a pupil's mental health needs require more support from a specialist service. These might include anxiety, depression, school refusal and other complex needs. Referrals to a specialist service would be made by the Mental Health Lead or SENCo, in consultation with the pupil and their parents/carers. Consent from the parent/carers is required for a referral.

Need	Interventions and Support	How to access
Highest need	Place2Be individual support EWMHS/MIND (for parents) referral and assessment Educational Psychologist involvement If the school and parents conclude that a statutory Education, Health and Care Needs Assessment is required then all will refer to trust SEND policy	Head of School, Mental Health Lead or SENCo, Place2Be lead Head of School, Mental Health Lead or SENCo SENCo SENCo
Medium need	Access to Place2Be (any pupils can fill in a slip and place in the box but pupils may be supported to do this if needed and appropriate.) 1:1 or small group intervention – skills for wellbeing, self-esteem building	Place2Be lead, Head of School, CT, SENCo SENCo, Phase leader

	Zones of Regulation 1:1 or small group intervention	SENCo, Phase leader
Low need	Monitoring and 'check in' by class teacher and phase staff Zones of Regulation whole school provision	CT CT

Further sources of support

There are a range of organisations, within Essex and nationally, offering support including:

Chatline: essexfamilywellbeing.co.uk/chat-health

Childline: 0800 1111

Every Family Matters: essex.gov.uk/staying-well

Kooth: kooth.com

Papyrus – text: 07860 039967

Samaritans – text: 116 123

AFC – text: 85258

The following websites provide further information for staff who wish to learn more about mental health:

<https://www.mentallyhealthyschools.org.uk/>

<https://www.annafreud.org/>

<https://youngminds.org.uk/>

<https://www.mind.org.uk/>

<https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/>

This policy was approved by the CEO in October 2021.

This policy shall be reviewed on a regular basis to ensure its continued effectiveness and compliance with the law and regulations.

Next review date: September 2022

APPENDIX 1

Taken from Trauma Perceptive Practice: The Essex approach to understanding behaviour and supporting emotional wellbeing

Risk and Protective Factors that are believed to be associated with mental health outcomes

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Genetic disposition • Prenatal alcohol exposure • Low IQ • Learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic 'failure/disappointment' • Low self-esteem • Feelings of isolation • Difficulties with impulse control • Underdeveloped executive functioning skills • Low harm avoidance • Sensation seeking • Difficulties with self-control/regulation • Aggressiveness • Anxiety • Depression • Hyperactivity/ADHD • Early persistent social, emotional and mental health needs • Early substance use • Social disengagement/retreating coping strategy • Conduct disorder • Favourable attitudes toward drugs • Rebelliousness • Early substance abuse • Antisocial behaviour • Self-injury 	<ul style="list-style-type: none"> • Secure attachment(s) experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Confident • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect • Ability to self-regulate/self-soothe • Ability to make friends and get along with others • Positive physical development • High self-esteem • Good coping skills and problem-solving skills • Engagement and connections in two or more of the following contexts: at school, with peers, in athletics, employment, religion, culture • Identity exploration in love, work and world view • Subjective sense of adult status • Subjective sense of self-sufficiency, making decisions, becoming financially independent • Future orientation

	<ul style="list-style-type: none"> • Risk-taking behaviours 	<ul style="list-style-type: none"> • Achievement motivation • Feeling valued
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 boundaries and limitations • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect, maltreatment • Parental or sibling psychiatric illness • Parental or sibling criminality, substance abuse e.g., drugs and alcoholism or personality disorder • Death and loss – including loss of friendship and pets • Permissive parenting • Parent-child conflict • Inadequate supervision and monitoring • Low parental warmth • Parental hostility • Harsh discipline • Low parental aspirations for child • Fragile attachments with parents • Leaving home • Homelessness • Family distress • Leaving institutional /government care (hospital, foster care, correctional facility, etc.) 	<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 • Responsiveness • Protection from harm and fear • Opportunities to resolve conflict • Adequate socioeconomic resources for the family • Consistent and clear boundaries and limitations implemented and maintained including family that provides structure, limits, rules, monitoring, and predictability • Language-based, rather than physical, discipline • Extended family support • Supportive relationships with family members • Clear expectations for behaviour and values • Balance of autonomy and relatedness to family • Behavioural and emotional autonomy • Healthy prenatal and early childhood development • Connectedness to adults in the extended family/family support network

<p>In the school</p>	<ul style="list-style-type: none"> • Bullying/abuse including online (cyber) • Discrimination e.g., Racism • Breakdown in or lack of positive friendships • Peer influences towards risk taking e.g., associating/partaking with drug-using peers • Peer pressure • Fragile pupil to teacher/school staff relationships • Experience of school 'failures' • Low motivation around school • Accessibility/availability • Peer rejection/lack of sense of belonging/interpersonal alienation • Exclusion/non-attendance • Aggression toward peers • Lack of positive role models 	<ul style="list-style-type: none"> • Inclusive practice • Personalised/tailored curriculum if required • 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/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 and can raise concerns about policies and processes, and know they will be dealt with fairly and effectively including risk assessments • Support for early learning • Access to supplementary services to support the child's needs
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		<ul style="list-style-type: none"> • Stable, secure attachment to childcare provider • Low ratio of caregivers to children • Regulatory systems that support high quality of care • Healthy peer groups • Pupil school engagement/motivation • Positive teacher expectations • Effective classroom management • Positive partnering between school and family • High academic standards • Presence of mentors and support for development of skills and interests • Opportunities for engagement within school and community • Positive norms • Physical and psychological safety • Opportunities for exploration in work and school • Positive adult role models, coaches and mentors
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 	<ul style="list-style-type: none"> • Wider support network • Good/stable housing • High standard of living • Opportunities for valued social roles • Range of sport/leisure activities available • Steady employment • Availability of services (social, recreational, cultural, etc.)

	extremism leading to radicalisation <ul style="list-style-type: none">• Other significant life events• Presence of neighbourhood crime• Social media	<ul style="list-style-type: none">• Technology
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Adapted from:

Mental Health and behaviour in schools (2018) p. 14-15

Youth.gov

Heads Together Mentally Healthy Schools