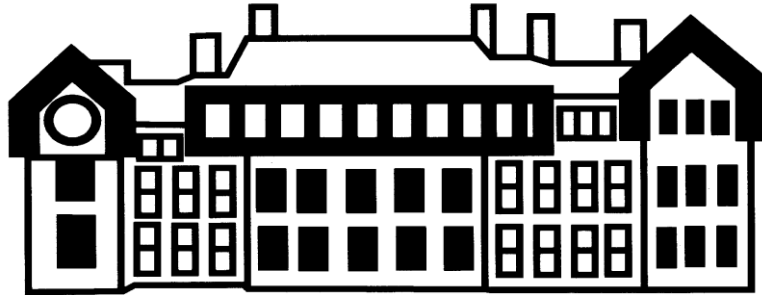


**GORDON**



**SCHOOL**

# **Mental Health and Well-Being (Pupils) Policy**

**Ratification date: November 2022**

**Review date: November 2025**

**Signed \_\_\_\_\_ Headteacher**

**Signed \_\_\_\_\_ Chair of Governors**

## **Mental Health & Well-Being Policy**

See also:

Safeguarding & Child Protection Policy

Inclusion Policy

Looked After Children Policy

Anti-Bullying Policy

Behaviour & Relationships Policy

Personal, Social and Health Education (PSHE) Policy

### **1, The Importance of Mental Health and Well-Being**

At our school, we aim to promote positive mental health and well-being for our whole school community; pupils, 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 well-being and can affect their learning and achievement. Persistent mental health problems may lead to pupils 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 identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

All children go through ups and downs through their school career and some face significant life events. Research suggests that approximately 10% of children aged between 5 and 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement.

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"*.

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupil's well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that they 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 pupils 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.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where:

- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma
- positive mental health is promoted and valued
- bullying is not tolerated

In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being and we have a separate policy dedicated to this.

## **2, Purpose of this Policy**

This policy sets out

- how we promote positive mental health
- how we prevent mental health problems
- how we identify and support pupils 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
- where parents, staff and pupils can get advice and support

## **3, 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 their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their 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
- learn and achieve

## **4, A Whole School Approach to Promoting Positive Mental Health**

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

## **5, 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 pupils 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. These can include: a physical long-term illness, having a parent who has a mental health difficulties, death, and loss such as the loss of friendships, a family breakdown and bullying. The staff also understand the factors that protect children from adversity, such as self-esteem, positive communication, developing problem-solving skills, a sense of worth or belonging and emotional literacy.

**The school's Mental Health Well-Being Team** (*Head Teacher/Designated Safeguarding Team, SENCO / Inclusion Manager/Designated Safeguarding Team, Learning Mentor/ Mental Health Lead/ Mental Health First Aider/Designated Safeguarding Team*) are responsible for:

- leading and working with other staff members to coordinate whole school activities to promote positive mental health
- providing advice and support to staff and organises training and updates
- keeping staff up-to-date with information about what support is available
- liaising with the PSHE Leader on teaching about mental health
- being the first point of contact and communication with mental health services
- leading on and making referrals to services

There are clear links with the Positive Relationships & Behaviour Policy because we believe that behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, is likely to be related to an unmet mental health need. We consider ***behaviour to be a message.***

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

- Inclusion Manager
- Safeguarding/Child Protection Team
- Support staff to manage mental health needs of pupils
- SENCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision.
- Learning Mentor/ Mental Health Lead/Mental Health First Aider
- Child and Adolescent Mental Health (CAMHS) - core meetings to support staff to manage mental health needs of pupils
- Oxleas NHS Mental Health Schools Team (MHST) to provide group work and support for child/Parent/carers and staff
- Music Therapy Service
- Trainee Psychotherapist
- Autism Outreach
- Educational Psychologist

## **6, Supporting Pupils' Positive Mental Health**

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

### *Pupil-led Activities*

- Campaigns and assemblies to raise awareness of mental health

### *Transition Support*

- Mental Health in Schools Team (MHST) Transition Workshops across Year 6 in the Summer Term and other opportunities for relevant mental health workshops for pupils / staff / parent / carers throughout the year
- Transition meetings with parent/carers, pupils and relevant staff
- Yearly Transition Passports for vulnerable children
- Transition Passports available for all staff to be aware of vulnerable children's needs
- Key Adults might support secondary school visits with vulnerable pupils
- Speech and Language Transition groups
- ASD outreach transition support for parents and children with autism diagnoses.

### *Class Activities*

- Worry boxes
- Kindness / Compliment Boards
- Mindfulness and breathing/meditation in class
- Classroom scripts and signposting

- Sporting activities

#### *Whole School*

- Mental Health Wellbeing focus threading throughout the school ethos and PSHE curriculum
- Social & Emotional Aspects of Learning (SEAL) resources
- Anna Freud *Schools in Mind* resources
- Encouraging positive relationships so children can be aware of Trusted Adults around them and where to find support
- Assembly and calendar of Mental Health and Wellbeing themes
- Daily Mile
- Using the Power of Reading to explore themes and learn about emotions, difference, loss, bullying, change, resilience, etc. - the whole school will explore the same PHSE themed book
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school
- After school clubs e.g. yoga, drama, football, netball

#### *Small Group Activities*

- Small friendship, social skills groups
- Lunch Club support
- Sanctuary Room for those children who are finding the classroom overwhelming

#### *Teaching about Mental Health and Emotional Well-being*

In KS1 and KS2 We use the PSHE Association framework including the core themes:

- Relationships
- Living in the Wider World
- Health and Well-being

We 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. We support this using other resources such as those from Mentally Healthy Schools, The Anna Freud Centre and using Zones of Regulation.

The Early Years Foundation Stage Statutory Framework sets out standards to make sure children aged from birth to 5 learn and develop and are kept healthy and safe. Personal, Social and Emotional Development (PSED) is a prime area of learning.

#### **Our approach is to:**

- provide a safe environment to enable pupils to express themselves and be listened to
- provide key and trusted adults with an emphasis on relationships
- ensure the welfare and safety of pupils as paramount
- identify appropriate support for pupils based on their needs
- involve parents and carers when their child needs support
- involve pupils in the care and support they have

- monitor, review and evaluate the support with pupils and keep parents and carers updated

## **7, Early Identification**

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible and provide a prompt response. We do this in different ways including:

- Identify individuals that might need support
- being an Attachment Aware School
- working with the School Office staff who are often the first point of contact with families seeking support
- home visits in Foundation Stage 1 and Foundation Stage 2 to identify needs
- induction meetings for pupils / families joining after the Reception year
- analysing behaviour, exclusions, visits to the medical room, attendance and weekly Behaviour Forms / Anti-Bullying Forms
- using PIVOTS 5 to track children identified as having difficulties
- pupil surveys at the beginning of the school Year
- staff report concerns about individual pupils to the Inclusion Manager/SENCO and Designated Safeguarding Team
- worry boxes in each class for pupils to raise concerns which are checked by the class teacher
- weekly staff briefing for staff to raise concerns about individual children
- gathering information from a previous school at transfer or transition
- parental meetings
- enabling pupils to raise concerns to class teacher and support staff
- enabling parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'
- Meetings with outside support services such as CAMHS, MHST, SALT, ASD Outreach, Music Therapist or Educational Psychologist

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 pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the SENCO/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
- an increase in lateness or absenteeism
- 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
- repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as non-compliant, 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 pupil 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 Pupils**

We recognise how important it is that 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 Inclusion Manager/Designated Safeguarding Team and recorded in order to provide appropriate support to the pupil.

### **Non-Verbal Disclosures by Pupils**

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

### **Confidentiality**

All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

### **Assessment, Interventions and Support**

All concerns are reported on CPOMS to the Inclusion Manager/Designated Safeguarding Team and recorded. We then implement our assessment system based on levels of need to ensure that pupils 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. The Safeguarding Team regularly reviews all processes. All staff are trained to use CPOMS.

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.

## **8, Working with Specialist Services**

In some case a pupil's social emotional 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, such as CAMHS and MHST, and have regular contact with the services to review the support and consider next steps, as part of monitoring the pupils' provision.



## **9, Involving Parents and Carers**

### *Promoting Mental Health*

We recognise the important role parents and carers have in promoting and supporting the social emotional mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

#### **To support parents and carers:**

- we organise a range of Mental Health workshops accessing expertise from voluntary services such as Greenwich Time to Talk. This includes topics such as anxiety, stress management and sleep.
- we provide information and signposting to organisations on our websites on mental health issues and local wellbeing and parenting programmes.
- have an Open-Door policy.
- supporting 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 and carers and meet with them
- in most case parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.
- 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 and carers can support their child
- 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. 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.

## **10, Involving Pupils**

- we seek pupils' views and feedback about our approach and whole school mental health activities through Pupil Voice, surveys, class questions and suggestion boxes
- we have a small group of Year 6 pupils on our Anti-Bullying Steering Group
- we have trained Anti-bullying Ambassadors to support vulnerable children in school

## **11, Supporting the Social and Emotional Needs of Pupils**

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 pupils and know what to do and where to get help (see Appendix 3). We encourage support staff to participate in the Place 2 Be Mental Health Champions Foundation Programme as part of their training time.

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.

Staff training to raise awareness of social emotional and mental health well-being topics have been accessed through The Charlie Waller Memorial Trust, Greenwich Time to Talk, Greenwich Virtual School and Greenwich Autism Outreach. We also provide regular 'inhouse' training from the Safeguarding Team on topics such as childhood Adverse experiences, attachment needs and behaviour.

## **12, Monitoring and Evaluation**

This policy was produced in conjunction with the whole school. Its effectiveness will be monitored by the SLT and Learning Mentor and reported to the Governing Body. This policy will be reviewed every three years or sooner if deemed necessary.

**Appendix 1****Protective and Risk Factors**

(adapted from Mental Health and Behaviour DfE March 2016)

	<b>Risk Factors</b>	<b>Protective Factors</b>
In the Child	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Specific development delay</li> <li>• Communication difficulties</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> <li>• SEND</li> </ul>	<ul style="list-style-type: none"> <li>• Being female (in younger children)</li> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• Problem solving skills and a positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
In the Family	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long-term relationship or the absence of severe discord</li> <li>•</li> </ul>
In the School	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Negative peer influences</li> <li>• Peer pressure</li> <li>• Poor pupil to teacher relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> </ul>
In the Community	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> </ul>

	<ul style="list-style-type: none"><li>• Disaster, accidents, war or other overwhelming events</li><li>• Discrimination</li><li>• Other significant life events</li></ul>	<ul style="list-style-type: none"><li>• High standard of living</li><li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li><li>• Opportunities for valued social roles</li><li>• Range of sport/leisure activities</li></ul>
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## **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-in-schools--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](http://www.anxietyuk.org.uk) OCD UK [www.ocduk.org](http://www.ocduk.org)
- Depression Alliance [www.depressoinalliance.org](http://www.depressoinalliance.org)
- Eating Disorders [www.b-eat.co.uk](http://www.b-eat.co.uk) and [www.inourhands.com](http://www.inourhands.com)
- National Self-Harm Network [www.nshn.co.uk](http://www.nshn.co.uk)
- Self-Harm [www.selfharm.co.uk](http://www.selfharm.co.uk)
- Suicidal thoughts [Prevention of young suicide UK – PAPYRUS:  
www.papyrus-uk.org](http://www.papyrus-uk.org)

*For general information and support*

[www.youngminds.org.uk](http://www.youngminds.org.uk) champions young people's mental health and wellbeing  
[www.mind.org.uk](http://www.mind.org.uk) advice and support on mental health problems  
[www.minded.org.uk](http://www.minded.org.uk) (e-learning)  
[www.time-to-change.org.uk](http://www.time-to-change.org.uk) tackles the stigma of mental health  
[www.rethink.org](http://www.rethink.org) challenges attitudes towards mental health