



**Southfields
Academy**

Mental Health and Wellbeing Policy

This policy was agreed by Trustees on: November 2018

Policy review date: November 2019

Named mental health lead: Jacqueline Valin, Senior Lead
Larry Davis, Senior Lead
Jemma Hughes, Operational Years 7-10
Tricia Nearn, Operational Years 10-13

Named Trustee with lead on mental health:

1. Why mental health and wellbeing is important

At our school, we aim to promote positive mental health and wellbeing for our whole school community; students, staff, parents and carers, and recognise how important mental health and emotional wellbeing 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. All children go through ups and downs through their school career/life and some face significant life events. About 1 in 10 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. In many cases it is life-limiting.

The Department for Education (DfE) recognises that: "in order to help their students 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 emotional literacy, 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 students wellbeing 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 students 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 students are valued
- Students have a sense of belonging and feel safe
- Students 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 wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

2. 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 students 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 and support students
- Key information about some common mental health problems
- Where parents, staff and students can get advice and support

3. Definition of mental health and wellbeing

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 wellbeing 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 and be able to deal with change
- feel able to ask for help to manage times of significant stress
- learn and achieve

4. Links to other policies

This policy links to our policies on safeguarding, supporting students with medical conditions, anti-bullying, PSHE and SEND strategy. It also links to our SEN Information Report. Links with the behaviour policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

5. A whole school approach to promoting positive mental health

We take a whole school approach to promoting positive mental health that aims to help students become more resilient, be happy and successful and prevent problems before they arise.

This encompasses 7 aspects

1. Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. Helping students to develop emotional resiliency, social relationships, and learn to support each other and seek help when they need to
3. Foster growth mindset to Helping students to become resilient learners
4. Teaching students social and emotional skills and an awareness of mental health

5. Early identification of students 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.

6. Staff-their roles and responsibilities, including those with specific responsibility

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 students 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 or physical health problems, bereavement and loss, including loss of friendships, family breakdown and bullying. They also understand the factors that protect children from adversity and foster resilience, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy (*see appendix 1 on risk and protective factors*).

Designated Leads for Mental Health

- Lead on and work with other staff to develop their knowledge of factors which impact children's emotional development
- Coordinate whole school activities to promote positive mental health
- Provide advice and support to staff and organises training and updates
- Keep staff up to date with information about what support is available
- Liaise with the PSHE Coordinator on teaching about mental health
- Are the first point of contact and communicate with mental health services
- Lead on and makes referrals to services

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

- Deputy Head – Personal Development
- Heads of Year and Deputy Heads of Year
- Senior Teacher - SEND
- Safeguarding/Child Protection Lead
- SENDCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including students whose mental health problems mean they need special educational provision.
- Parent Champion
- School nurse
- Catch22

7. Supporting students' positive mental health

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

Transition programmes

- Transition Programme to secondary schools which includes vulnerable Year 6 students having a staff mentor to support a smooth transition to secondary school (PSTG)
- Transition programme from Key Stage 3 to 4
- Transition programme from Key Stage 4 and beyond

Whole school

- Our form tutors are key to supporting the wellbeing of students, particularly in Year 7 (where the groups are small), and they stay with the same form group all the way up the school providing a consistent support to them
- A 'Time-In' room/safe space where students can go for support when overwhelmed by their emotions
- 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
- A rich and varied extra-curricular programme for all students, including Post 16.

Small group activities

- Nurture groups
- Behaviour Support Team

Teaching about mental health and emotional wellbeing

Through PSHE we teach the knowledge and social and emotional skills that will help students to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

8. Identifying, referring and supporting students with mental health needs

Our approach is to:

- Provide a safe environment to enable students to express themselves and be listened to
- Ensure the welfare and safety of students as paramount
- Identify appropriate support for students based on their needs
- Involve parents and carers when their child needs support
- Involve students in the care and support they have
- Monitor, review and evaluate the support with students and keep parents and carers updated

Early Identification

Staff are aware that mental health issues such as unresolved trauma (ACE's – adverse childhood experiences) and 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 student is in danger of immediate harm then the school's child protection procedures are followed. If there is a medical emergency then the school's procedures for medical emergencies are followed.

Disclosures by students and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgemental to students who disclose a concern about themselves or a friend. The emotional and physical safety of students is paramount and staff listen rather than advise. Staff are clear to students that the concern will be shared with the Mental Health Lead and recorded in order to provide appropriate support to the student.

Assessment, Interventions and Support

Support for friends

We recognise that when a student is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected. In the case of eating disorders and self-harm, it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case by case basis what support might be appropriate including one to one and group support.

We will involve the student who is suffering and their parents and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing/saying which may inadvertently cause upset and warning signs that their friend needs help

We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

Support for students after inpatient treatment

We recognise that some students will need ongoing support and the Mental Health Lead will meet with students on a regular basis. We are careful not to “label” students.

We have a duty of care to support students and will seek advice from medical staff and mental health professionals on the best way to support students. We will carry out a risk assessment and produce a care plan to support students to re-integrate successfully back to school.

When a child leaves an inpatient provision and is transitioning back to school we discuss what needs to happen so the transition is smooth and positive

9. 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.

On first entry to the school, our parent’s meeting includes a discussion on the importance of positive mental health for learning. We ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child’s mental health and wellbeing, based on a list of risk factors pertaining to the child or family (see appendix 1). It is very helpful if parents and carers can share information with the school so that we can better support their child.

To support parents and carers:

We provide information and websites on mental health issues and local wellbeing and parenting programmes.

Supporting parents and carers with children with mental health needs

We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also help to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available.

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. Children over the age of 16 are entitled to consent to their own treatment.

- 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 individual mental health care plan together with next steps
- 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 and students may choose to tell their parents and carers themselves. We give students the option of informing their parents and carers about their mental health need for themselves or go along with them.

We make every effort to support parents and carers to access services where appropriate. Our primary concern are students, 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 students

We seek student's views about our approach, curriculum and promoting whole school mental health activities.

We always seek feedback from students who have had support to help improve that support and the services they received.

11. Supporting and training staff

We want all staff to be confident in their knowledge of mental health and wellbeing and the factors that impact it in order to promote positive mental health and wellbeing, identify mental health needs early in students and know what to do and where to get help (see Appendix 3). We will offer Mental Health First Aid training to all staff.

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, such as yoga, mindfulness, and physical activities. Staff also have access to the Aspire facilities.

12. Monitoring and Evaluation

The mental health and wellbeing policy is on the school website and hard copies are available to parents and carers from the school office.

The policy is monitored at the Governors' ECM meeting annually.

Appendix 1 Protective and Risk factors (adapted from *Mental Health and Behaviour DfE March 2016*)

	Risk Factors	Protective Factors
In the Child	<ul style="list-style-type: none"> • Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND 	<ul style="list-style-type: none"> • 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	<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 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 	<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
In the School	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor student to teacher relationships 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • 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
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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 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

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 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