



## **Mental Health and Well-being Policy**

***We walk by Faith and not by sight: 2 Corinthians 5:7***

### **Defining Mental Health and Well-being**

#### **Mental Health**

*Mental health is defined as a state of well-being in which every individual realizes 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)*

#### **Well-being**

*[Well-being] is seen as embracing the whole person – physical and mental health both inside and outside of the workplace and is greater than simply an absence of ill health and disease, it is a feeling of physical, emotional and psychological wellness. (NHS, 2012)*

Mental health is not just the absence of mental health problems. We want all children at Saint Paul's to:

- feel confident in themselves.
- express a range of emotions appropriately.
- create and maintain positive relationships with others.
- cope with the stresses of everyday life.
- manage stress and be able to deal with times of change.
- learn and achieve

#### **Rationale**

The Department for Education (DfE) recognises that: “in order to help their children 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 children's wellbeing and can help engender a sense of belonging and community.

### **Aims of the policy**

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

- All children are valued.
- Children have a sense of belonging and feel safe.
- Children 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.

The purpose of this policy is to have:

### **General aims**

- Resilient, happier and more motivated pupils and staff who are able to get more out of life

### **Teaching and Learning**

- Pupils who are more engaged in the learning process
- Pupils who can concentrate and learn better
- Improved standards in all subjects, including literacy and numeracy
- Improved attainment and progress
- More effective teaching and learning
- Children who are active learners
- Parents and carers who are more involved in school life and learning

### **Behaviour and Attendance**

- Pupils with high self-esteem and confidence
- Pupils who have a voice in what happens in our school
- More engaged learners
- Excellent concentration, behaviour and attendance
- Positive peer relationships
- Children who are able to attend school on a daily basis with minimal absences

### **Staff Well-being**

- High staff morale

- Staff with high well-being leading to lower absenteeism
- Stable, content and consistent workforce
- Confident staff who are able to develop
- Positive and effective relationships with pupils

### **Links to other policies**

This policy relates to our Safeguarding and Child Protection Policy, Special Educational Needs and Disability (SEND) Policy, Equality Information and Objectives, Anti-Bullying Policy, Behaviour Policy, British Values Policy and E-Safety Policy.

### **Roles and Responsibilities**

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 children 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 as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect children from adversity, 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).

### **Pupil Wellbeing Co-ordinator**

The Pupil Well-being co-ordinator is responsible for:

- Raising the profile of pupil well-being across all phases, linking to the value and ethos of the school.
- Incorporating physical, emotional, social and mental health across the school
- Liaising with the SENCo about pupil outcomes
- Leading and planning a well-being focus week and other well-being/mental health days throughout the year.
- Producing a termly newsletter to inform parents about well-being in school
- Developing well-being workshops for parents and pupils
- Developing and delivering staff training
- Developing well-being after school provision
- Developing well-being resources across the school

## **Supporting children's mental health and well-being – Whole School Approach**

We believe the School has a key role in promoting children positive mental health and well-being and helping to prevent mental health problems.

Our School has developed a range of strategies and approaches including:

### *Pupil-led activities*

- Assemblies to raise awareness of mental health issues e.g. Anti-bullying Week
- Playground buddies – a lunchtime group supporting younger children at lunchtime.
- Pupil well-being committee – a group of children from across the school who meet to discuss issues relating to well-being

### *Class activities*

- Worry boxes - children can anonymously share worries or concerns in class
- Gonoodle.com – used for mindfulness in the classroom
- Daily Mile

### *Whole school*

- World Mental Health Day
- Children's Mental Health Week
- Wellbeing week
- Displays and information around the School about positive mental health and where to go for help and support
- Mental Health and well-being displays around school created by the children
- Well-being curriculum – Healthy Mind, Happy Me

### *Small group activities*

- Drop in counselling service
- Social Use of Language Programme – for KS1 children who need support with social interactions
- After school clubs relating to well-being

## **Identifying, referring and supporting children with mental health needs**

### **Our approach**

- Provide a safe environment to enable children to express themselves and be listened to.
- Ensure the welfare and safety of children are paramount.
- Identify appropriate support for children based on their needs.
- Involve parents and carers when their child needs support.

- Involve children in the care and support they have.
- Monitor, review and evaluate the support with children and keep parents and carers updated.

### **Early Identification**

We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- Using Boxall Reports to identify children who need support.
- Staff report concerns about individual children to the relevant lead persons.
- Worry boxes in each class for children to raise concerns which are checked by the Class Teachers
- Pupil Progress Review meetings
- A parental information and health questionnaire on entry to the School.
- Gathering information from a previous school at transfer.
- Parental home visits in EYFS.
- Enabling children to raise concerns to any member of staff.
- Enabling parents and carers to raise concerns to any member of staff.

All staff at St Paul's CoE Academy have had training on the protective and risk factors (Appendix 1), types of mental health needs (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 Designated Safeguarding Lead or SENDCO.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn.
- Changes in activity or mood or eating/sleeping habits.
- Falling academic achievement.
- Talking or joking about self-harm or suicide.
- Expressing feelings of failure, uselessness or loss of hope.
- Secretive behaviour.
- An increase in lateness or absenteeism.
- Not wanting to do PE or get changed for PE.
- Wearing long sleeves in hot weather.
- Drugs or alcohol misuse.
- Physical signs of harm that are repeated or appear non-accidental.
- Repeated physical pain or nausea with no evident cause.

Staff are made aware via staff training 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

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learning, peer relationships or development. If there is a concern that a pupil is in danger of immediate harm then the School's Safeguarding and Child Protection Policy

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**Policy Review date: November 2024**

Appendices

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

	<b>Risk Factors</b>	<b>Protective Factors</b>
<b>In the Child</b>	<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>
<b>In the family</b>	<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> </ul>	<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>
<b>In the school</b>	<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>	<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 Poor pupil to teacher relationships</li> </ul>
<b>In the community</b>	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <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>• Wider supportive network</li> <li>• Good housing</li> <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>

**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

***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) [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