

# Honeybourne Primary Academy



Turning Potential  
into Success

## Mental Health & Wellbeing Policy

This policy is reviewed at least annually by the Governing Body	
Co-Ordinator	Rachel Evans-Cook
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Governor Link	All Govs

The coronavirus (COVID-19) pandemic is going to affect daily life, as the government and the NHS take necessary steps to manage the pandemic, reduce transmission and treat those who need medical attention.

Regardless of their age, this may be a difficult time for children and young people. Some may react immediately, while others may show signs of difficulty later on.

How a child or young person reacts can vary according to their age, how they understand information and communicate, their previous experiences, and how they typically cope with stress. Adverse reactions may include thinking about their health or that of family and friends, fear, avoidance, problems sleeping, or physical symptoms such as stomach ache.

During this time, it's important that you support and take care of your family's mental health – there are lots of things you can do, and additional support is available if you need it.

## **Background**

This advice is to help adults with caring responsibilities look after the mental health and wellbeing of children and young people, including those with additional needs and disabilities, during the coronavirus (COVID-19) pandemic.

For wider information on how to protect yourself and others, please see [Coronavirus \(COVID-19\): what you need to do](#).

This guidance will be updated in line with the changing situation.

## **Looking after your own mental health**

As well as thinking about the children or young people in your care, it is important to take care of your own mental health and wellbeing. Children and young people react, in part, to what they see from the adults around them. When parents and carers deal with a situation calmly and confidently, they can provide the best support for their children and young people. Parents and carers can be more supportive to others around them, especially children, when they are better prepared.

## **Helping children and young people cope with stress**

There are some key points you can consider about how to support your child or young person, including:

**Listen and acknowledge:** Children and young people may respond to stress in different ways. Signs may be emotional (for example, they may be upset, distressed, anxious, angry or agitated), behavioural (for example, they may become more clingy or more withdrawn, or they may wet the bed), or physical (for example, they may experience stomach aches).

Look out for any changes in their behaviour. Children and young people may feel less anxious if they are able to express and communicate their feelings in a safe and supportive environment.

Children and young people who communicate differently to their peers may rely on you to interpret their feelings. Listen to them, acknowledge their concern and give them extra love and attention if they need it.

**Provide clear information about the situation:** Children and young people want to feel assured that their parents and carers can keep them safe. One of the best ways to achieve this is by talking openly about what is happening and providing honest answers to any questions they have. Explain what is being done to keep them and their loved ones safe, including any actions they can take to help, such as washing their hands more often than usual. Use words and explanations that they can understand.

Make sure you use reliable sources of information such as [GOV.UK](https://www.gov.uk) or the [NHS website](https://www.nhs.uk) – there is a lot of misleading information from other sources that can create stress for you and your family. It will not always be possible to provide answers to all the questions that children and young people may ask, or to address all their concerns, so focus on listening and acknowledging their feelings to help them feel supported.

**Be aware of your own reactions:**

Remember that children and young people often take their emotional cues from the important adults in their lives, so how you respond to the situation is very important. It is important to manage your own emotions and remain calm, listen to and acknowledge children and young people's concerns, speak kindly to them, and answer any questions they have honestly

**Connect regularly:** If it is necessary for you and your children to be in different locations to normal (for example, due to staying at home in different locations or hospitalisation) make sure you still have regular and frequent contact via the phone or video calls with them. Try to help your child understand what arrangements are being made for them and why in simple terms. Support safe ways for children and young people to maintain social interaction with their friends, for example via phone or video calls.

**Create a new routine:** Life is changing for all of us for a while. Routine gives children and young people an increased feeling of safety in the context of uncertainty, so think about how to develop a new routine, especially if they are not at school:

- make a plan for the day or week that includes time for learning, playing and relaxing (timetables and daily plans available on class pages on websites).
- encourage maintaining a balance between being on and offline and discover new ideas for activities to do from home.
- children and young people ideally need to be active for 60 minutes a day, which can be more difficult when spending longer periods of time indoors. Plan time outside if you can do so safely or see our daily plans for lots of other ideas.
- don't forget that sleep is important for mental and physical health, so try to keep to existing bedtime routines

- it may be tempting to give children and young people treats such as sweets or chocolate but this is not good for their health, especially as they may not be as physically active as normal.

### **Limit exposure to media and talk more about what they have seen and heard:**

Like adults, children and young people may become more distressed if they see repeated coverage about the coronavirus (COVID-19) pandemic in the media. A complete news blackout is also rarely helpful as they are likely to find out from other sources, such as online or through friends. Try to avoid turning the television off or closing web pages when children or young people come into the room. This can peak their interest to find out what is happening and their imagination can take over. Instead, consider limiting the amount of exposure you and your family have to media coverage.

Young people will also hear things from friends and get information from social media. Talk to them about what is happening and ask them what they have heard. Try to answer their questions honestly and reassure them appropriately.

### **How children and young people of different ages may react**

All children and young people are different, but there are some common ways in which different age groups may react to a situation like the coronavirus (COVID-19) pandemic. Understanding these may help you to support your family. The common reactions to distress will fade over time for most children and young people, though could return if they see or hear reminders of what happened.

#### **For infants to 2-year olds**

Infants may become more easily distressed. They may cry more than usual or want to be held and cuddled more.

#### **For 3 to 6-year olds**

Preschool, nursery and reception children may return to behaviours they have outgrown. For example, toileting accidents, bed-wetting, or being frightened about being separated from their parents or carers. They may also have tantrums or difficulty sleeping.

#### **For 7 to 10-year olds**

Older children may feel sad, angry, or afraid. Peers may share false information but parents or carers can correct the misinformation. Older children may focus on details of the situation and want to talk about it all the time, or not want to talk about it at all. They may have trouble concentrating. Children who have been very successful in their learning prior to this outbreak, may find it difficult to cope with and therefore find learning more difficult. This can be distressing for them and will need addressing.

### **Children and young people who are accessing mental health services**

Children and young people with an existing mental health problem may find the current uncertainty around the coronavirus (COVID-19) pandemic particularly difficult. Their increased

stress may lead to a change in their behaviours and their mental health needs. If you are concerned about how to access support if they need to stay at home, please contact us and we can direct you to the appropriate agencies for support.

### **Experiencing grief or bereavement**

Whenever it happens, experiencing the loss of a friend or loved one can be an extremely difficult and challenging time. Children and young people may not be able to say goodbye in the way they would have wanted and it may be harder to connect with their usual support networks.

Grief affects children and young people in different ways depending on their age, their level of understanding, and the changes the death means for their daily life. They often feel waves of powerful emotions such as sadness, guilt, shock and anger, which they may struggle to express. It is very common for their behaviour to change and for them to worry a lot about other people.

It can be challenging to support a child when you are grieving yourself. Listening carefully, answering questions honestly in an age appropriate way, continuing routines where possible, and providing lots of love and support will help. The NHS has [advice about grief and the support available](#), and the [Childhood Bereavement Network](#) has information and links too. Honeybourne Primary will provide resources and support as necessary and has access to an Educational Psychologist who can also help suggest strategies to deal with loss.

#### *Useful advice and links*

#### *Ten tips from Young Minds Parents Helpline*

1. Try not to shield your child from the news, which is going to be nearly impossible at the moment. The amount of information on the internet about coronavirus can be overwhelming, so ask your child about what they're seeing or hearing online and think together about reliable sources of information.
2. Talk to your child about what's going on. Find out how they're feeling and what they're thinking about, let them know it is okay to feel scared or unsure, and reassure them that this will pass.
3. Try to answer their questions and reassure them in an age appropriate manner. Remember, you do not need to know all the answers, but talking can help them feel calm.
4. Reassure your child that it is unlikely they will get seriously ill, and if they do you feel ill you will look after them. Your child might be concerned about who will look after you if you catch the virus. Let them know the kind of support you have as an adult so that they don't feel they need to worry about you.
5. Give some practical tips to your child about how they can look after themselves. For example, show them how to wash their hands properly, and remind them when they should be doing it.
6. Keep as many regular routines as possible, so that your child feels safe and that things are stable.

7. Spend time doing a positive activity with your child (such as reading, playing, painting or cooking) to help reassure them and reduce their anxiety. This is also a great way of providing a space for them to talk through their concerns, without having a 'big chat'. [Have a look at our conversation starters and ideas for activities you can do with your children while isolating at home.](#)
8. Encourage your child to think about the things they can do to make them feel safer and less worried.
9. Be aware that your child may want more close contact with you at this time and feel anxious about separation. Try to provide this support whenever possible.
10. Remember to look after yourself too. If you yourself are feeling worried, or anxious about coronavirus, talk to someone you trust who can listen and support you.

Other resources:

[Winstons Wish https://www.winstonswish.org/coronavirus/](https://www.winstonswish.org/coronavirus/)

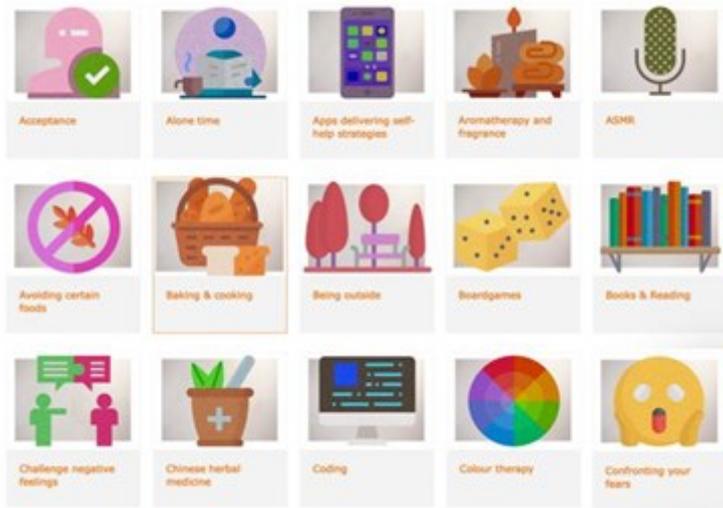
Supporting children through coronavirus - Information, advice and guidance on supporting bereaved children and young people during the coronavirus outbreak.

[MindEd](#) is a free online educational resource on children and young people's mental health for all adults, which can support parents and carers through these exceptional circumstances.

[Children's Guide to Coronavirus](#), or the Inter-Agency Standing Committee (IASC) have produced a [storybook developed by and for children around the world affected by coronavirus \(COVID-19\)](#).

<https://www.annafreud.org/on-my-mind/self-care/>

[self-care resource](#) for On My Mind has many simple self-care activities which you can do at home. Written by young people to help other young people who are feeling low or anxious. The strategies should also be useful to adults.



## 1. 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"*. In addition we recognise that developing a person's emotional intelligence is a crucial part of good mental health and well-being and necessary to ensure everyone can build and maintain healthy relationships.

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
- manage times of stress and be able to deal with change
- learn and achieve

## 2. Why mental health and wellbeing is important

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. Undiagnosed mental health difficulties, 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.

Our role in school is to ensure that all pupils are staff are able to manage times of change and stress (be it home or at school), be resilient, are supported to reach their potential and access help when they need it.

Our aims are:

- Build resilience generally

- Teach about good mental health and how to stay healthy
- Ensure all pupils feel valued
- Help pupils have a sense of belonging and feel safe
- Provide an environment where all pupils feel able to talk openly with trusted adults about their problems, without feeling any stigma
- Deal with issues (such as bullying and teasing) are dealt with swiftly and effectively
- Ensure staff have access to the relevant support services and are enabled and encouraged to speak with senior staff with any personal problems.
- Provide additional support from outside of school from appropriate organisations as necessary (pupils and staff).

### 3. A whole school approach to promoting positive mental health

We take a whole school approach to promoting positive mental health;

1. Creating an ethos, policies and behaviours that support good mental health and resilience that everyone understands
2. Early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services
3. Effectively working with parents and carers
4. Supporting and training staff to develop their skills and resilience
5. Being open to identify and address any issues in society that may lead to poor mental health
6. Reviewing regularly, how and what we teach in our school

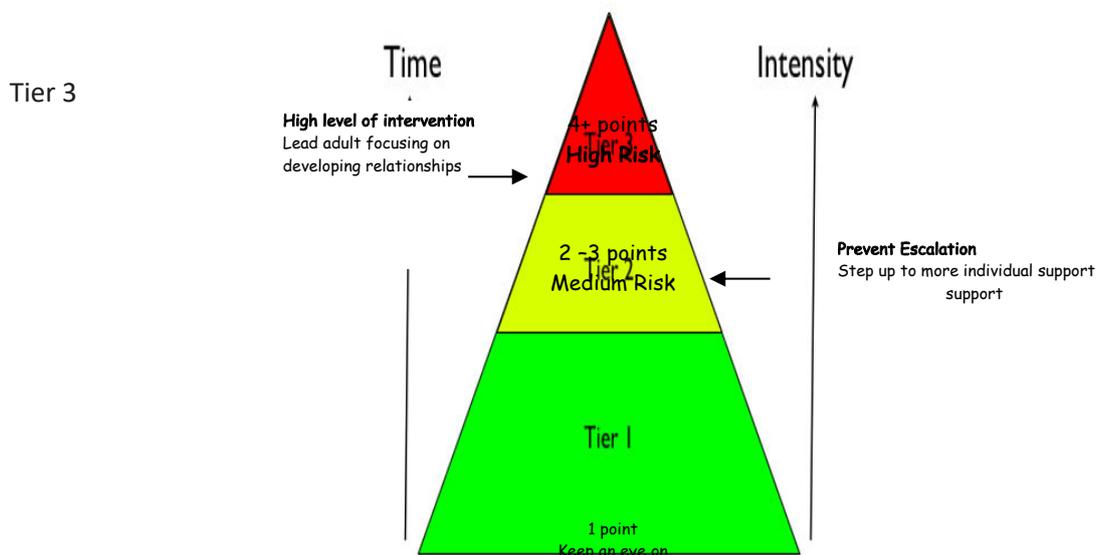
### 4. Staff roles and responsibilities

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.

Staff should be alert to possible risk factors:

- a physical long-term illness,
  - having a parent who has a mental health problem,
  - death and loss, including loss of friendships, family breakdown and bullying
- (see appendix 1 on risk and protective factors).

At Honeybourne Primary Academy we track children who are vulnerable using a pyramid of needs as shown below:



The SENDco, Safeguarding lead and PSHCE leader are key staff, who will have significant input to development of school procedures and policies

However, all staff have a responsibility to look after the health and well-being of all the children in their class.

Should staff have concerns about other members of staff, they should in the first instance discuss this with the Headteacher. More information can be found in the school's whistle blowing policy, should staff have concerns about other practices in school.

Key roles in school supporting good mental health:

- **Safeguarding/Child Protection Lead** - DSL
- **SENDCo** 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.
- **Class teachers** – general overview, can direct TAs, chat to pupils and build into lessons where specific issues can be covered. Should be the lead member of staff to co-ordinate with others.
- **Support staff** to manage mental health needs of pupils – they are well placed to be able to speak 1-1 and regularly engage with pupils who seem to be struggling with something.
- **All staff** should be alert to any signs of mental stress and (if not the class teacher) speak first to the class teacher to find out what may have been discussed, any actions in place and can then work with other staff as necessary to solve issues. Staff should communicate with each other, if an issue arises, rather than keep going to the child for detail and explanation. It is desirable that the child does not have to keep telling their 'story' and that staff will work together to ensure that class teaching staff lead any intervention or support.
  
- Lessons and school activities should always be planned to support good pupil welfare and mental health. Any poor behaviour or bad attitude should be addressed on a 1-1 basis and pupils should not be chastised in front of the class where this can be avoided.
- Where staff have a concern about a child, their behaviour or actions, staff must refer to the class teacher first to get some history before intervening, so that the support and actions taken will be supporting and consistent.

## 5. Supporting pupils' positive mental health

Our school has developed a range of strategies and approaches including;

- Campaigns and assemblies to raise awareness of mental health
- Transition policy and practice to ensure smooth transfer from class to class and school to school
- Mindfulness sessions for pupils
- Mental health teaching programmes taught through PSHCE
- Worry boxes
- 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
- Nurture groups
- Time to talk groups
- Use of structured diaries for targeted individuals
- Use of targets and rewards (reward cards, class cup, commendation cards, best worker etc)

**Primary pupils learn:**

EYFS/Key Stage 1

- To recognise, name and describe feelings including good and not so good feelings
- Simple strategies for managing feelings
- How their behaviour affects other people
- About empathy and understanding other people's feelings
- To cooperate and problem solve
- To motivate themselves and persevere
- How to calm down
- About change and loss and the associated feelings (including moving home, losing toys, pets or friends)
- Who to go to if they are worried
- About different types of teasing and bullying, that these are wrong and unacceptable
- How to resist teasing or bullying, if they experience or witness it, whom to go to and how to get help

## Key Stage 2

- What positively and negatively affects their mental and emotional health (including the media)
- Positive and healthy coping strategies
- About good and not so good feelings
- To describe the range and intensity of their feelings to others
- To recognise and respond appropriately to a wide range of feelings in others
- To recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them
- About resilience
- How to motivate themselves and bounce back if they fail at something
- How to empathise and be supportive of others
- About change, including transitions (between Key Stages and schools), loss, separation, divorce and bereavement
- About the consequences of discrimination, teasing, bullying and aggressive behaviours (including online bullying, prejudice-based language), how to respond and ask for help
- About the importance of talking to someone and how to get help
- To manage transition to secondary school
- To recognise their personal strengths and how this affects their self-confidence and self-esteem
- To recognise that the way in which personal qualities, attitudes, skills and achievements are evaluated by others, affects confidence and self-esteem
- To accept helpful feedback or reject unhelpful criticism
- To understand that self-esteem can change with personal circumstances, such as those associated with family and friendships, achievements and employment
- What mental health is and types of mental health problems
- Strategies for promoting and managing mental health positively
- Healthy and unhealthy coping strategies
- To be resilient and manage failure positively
- How to deal with a breakdown in a relationship and the effects of change, including loss, separation, divorce and bereavement
- About the emotional aspects of relationships
- To recognise bullying and abuse in all its forms (including prejudice-based bullying both in person and online/via text, exploitation and trafficking) and to have the skills and strategies to manage being targeted or witnessing others being targeted
- To reduce and prevent the stigma of mental health

## 5. Identifying, referring and supporting pupils with mental health needs

### Early Identification

Our identification system involves a range of processes. 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 Pyramid of Needs to identify individuals that might need support
- Analysing behaviour and exclusions
- Staff report concerns about individual pupils to the Mental Health Team
- Worry boxes in each class for pupils to raise concerns which are checked by the Mental Health Team (these are anonymous but give an indication of needs in a particular class regularly)
- Weekly staff meetings for staff to raise concerns
- A parental information and health questionnaire on entry
- Gathering information from a previous school at transfer or transition
- Parental meetings in EYFS
- Enabling pupils and parents to raise concerns or self refer-through class teacher or directly to the Mental Health Team or to any member of staff

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 Mental Health Team.

These signs might include:

- 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
- 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

Please see the school’s Safeguarding policy for further information if you are concerned that a child is at risk of significant harm, or contact the school DSL. (Designated senior leader for Safeguarding).

### **Disclosures by pupils and confidentiality**

We recognise how important it is that staff are calm, supportive and non-judgemental to pupils who 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 senior staff and recorded in order to provide appropriate support to the pupil.

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. Safeguarding protocols should be followed.

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

All concerns are reported to a senior leader, the DSL or Headteacher, and are recorded. We then implement our assessment system which is 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.

<b>Need</b>	<b>Evidence-based Intervention and Support</b>	<b>Monitoring</b>
The level of need is based on discussions at the regular	the kinds of intervention and support provided will be	

Inclusion meetings/panel with key members of staff	decided in consultation with key members of staff, parents and pupils <i>For example</i>	
Highest need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies School counsellor-1:1 support External agency support such as Educational Psychologist that provides 1:1 support and group work Other interventions, such as Mentor Link (1-1 support)  If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report.	All pupils needing targeted individualised support will have an Individual Care Plan drawn up setting out <ul style="list-style-type: none"> <li>• The needs of the pupils</li> <li>• How the pupil will be supported</li> <li>• Actions to provide that support</li> <li>• Any special requirements</li> </ul> Pupils and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact and if needed a different kind of support can be provided.
Some need	Access to in school nurture group, family support worker, lego therapy, educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes,	The Care Plan is overseen by the Mental Health team
Low need	General support, whole class teaching and development sessions on PSHCE and to pick up on specific issues as they arise Class teacher/TA	

Pupils are told that senior staff or the Headteacher is available when a pupil is dissatisfied with the level of care and support they have received.

### **Support for friends**

We recognise that when a pupil 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 pupil 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 pupils after inpatient treatment**

We recognise that some pupils will need ongoing and we are careful not to “label” pupils.

We have a duty of care to support pupils and will seek advice from medical staff and mental health professionals on the best way to support pupils. We will carry out a risk assessment and produce a care plan to support pupils 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

## 6. Working with specialist services to get swift access to the right specialist support and treatment

In some case a pupil's mental health needs requires support from a specialist service. These might include anxiety, depression, self-harm and eating disorders. We have access to a range of specialist services and review the support and consider next steps, as part of monitoring the pupils' Individual Care Plan. School referrals to a specialist service will be made by senior staff following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the pupil and parent/carer and when it is the most appropriate support for the pupil's specific needs.

Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
Family support Worker	Accessed through the HT or SENDco
Educational Psychologist	Accessed through the HT or SENDco
Paediatrician	Accessed through GP with school support
Mentor Link	School to make referral – additional cost

## 7. 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 signpost parents to information and websites on mental health issues and local wellbeing and parenting programmes. The information includes who parents can talk to if they have concerns about their own child or a friend of their child and where parents can access support for themselves. The School's website will provide some of these contacts.
- We include the mental health topics that are taught in the PSHE curriculum, on the school website
- When children start school, all parents and carers are given our mental health and resilience leaflet that includes information on how parents can support their child's mental health and where to go for help and support.

### **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.*
- 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 pupils may choose to tell their parents and carers themselves. We give pupils 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 pupils, 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.

### **7. Involving pupils**

We seek pupil's views about our approach, curriculum and promoting whole school mental health activities. We always seek feedback from pupils who have had support to help improve that support and the services they received. Actions will be planned from the result of the pupil view questionnaires.

### **8. Supporting and training staff**

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). The DSL and SENDco have attended Mental Health training sessions and have annual updates, and this information is cascaded to all staff through staff meetings on a regular basis.

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

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school. We promote opportunities to maintain a healthy work life balance and wellbeing and this area has been added to our performance management discussions.

### **9. 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. All mental health professionals are given a copy before they begin working with the school as well as external agencies involved in our mental health work.

The policy is monitored regularly and reviewed annually.

**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> </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> </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> </ul>

	<ul style="list-style-type: none"> <li>• Poor pupil to teacher relationships</li> </ul>	<ul style="list-style-type: none"> <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> <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

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)

[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