Mental Health and Wellbeing Policy
Overstone Combined School

September 2022
Review: September 2023

Introduction

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 contribute to her or his community".

Vision

At Overstone Combined School, we offer a culture that is built upon empathy, relationships and evidence-based practice. These practices are embedded within the curriculum, policies and procedures across the school. They are inclusive and flexible to support and respond to the school community's mental health needs.

Purpose

This policy sets out:

1) How we promote positive mental health and wellbeing for pupils
2) How we identify and support children with mental health needs
3) How we promote positive mental health and wellbeing for staff
4) How we involve parents and carers

Approach

In order to achieve our vision, we have a whole school approach to positive Mental Health and Wellbeing:

- Targeted support and appropriate pathways to the right support
- Leadership and management that supports mental health and wellbeing across the school
- A collaborative ethos and environment that promotes positive and respectful relationships and values diversity
- Identifying need and monitoring impact of interventions
- Supporting staff professional learning and development in order to ensure their own and others' wellbeing
- Enabling children and young people's voices and participation to influence decisions
- Working with parents, carers, and the wider community
- Effective curriculum, learning, and teaching

By keeping our focus on mental health and wellbeing alongside other policies we aim to have:

- Pupils and staff with high self-esteem, self-confidence and resilience
- Good recruitment and retention levels of staff
- Happier and more motivated pupils and staff.
- Pupils who are more engaged in the learning process.
- Pupils who are able to focus on their learning.
- More effective teaching and learning.
- Improved achievement, with everyone meeting their full potential.
- Improved morale.

Scope

This policy should be read in conjunction with our Medical policy and our SEND policy in cases where pupils mental health needs overlap with these. This policy should also be read in conjunction with policies for Behaviour and PSHE. It should also sit alongside child protection procedures.

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

• Kirsty Eales (Headteacher, Designated Safeguarding Lead)
• Mary Younger (Deputy Headteacher, Additional Safeguarding Lead)
• Zafra Bendall (Senior Mental Health Lead, SENDCo)
• Sharan Wright (Emotional Literacy Support Assistant)

We also have two members of staff who are trained Nurture Practitioners and two trained Mental Health First Aiders.

1) How we promote positive mental health and wellbeing for pupils

Curriculum

Through PSHE lessons, we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

EYFS & Key Stage 1 children learn:

• 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 children learn:

• What positively and negatively affects their mental and emotional health (including the media).
• Positive and healthy coping strategies.
• 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), as well as how to respond and ask for help if they are victims of this themselves.
- About the importance of talking to someone and how to get help.

2) How we identify and support children with mental health needs

Our provision to promote positive and mental health is split into three tiers:

- Universal
- Intervention
- Specialist

Universal	• PSHE Curriculum • Our School Council provides frequent opportunities for children's voices to be heard and to effect change. • A termly Pupil Wellbeing Survey identifies areas in need of attention, feeding into the School Council's work. • Feedback and marking strategies that encourage dialogue between the teachers and pupils. • Regular Wellbeing assemblies • Regular pupil voice sessions held by members of the Senior Leadership Team (SLT) and subject leaders. • Involving pupils in interviews for members of staff. • We have Forest School trained staff and are able to provide sessions for all year groups during the academic year. • A range of lunchtime and after-school clubs. • School trips and visitors • Involvement with local community e.g. carol service, harvest donations, using Wing library
Intervention	• Individual or group sessions with our trained Emotional Literacy Support Assistant (Please see Appendix A for referral process) • Tailored support provided by teacher or Teaching Assistant, using our Wellbeing Toolkit • Lunchtime Nurture Group • Lego Therapy
Specialist	Referral to outside professionals, including: • Child and Adolescent Mental Health Service (CAMHS) • Family Support Service • Play Therapist • Community Paediatrics • Counsellor

Early Identification

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

- SDQ (Social Difficulty Questionnaires)
- Analysing behaviour, exclusions, attendance and sanctions using CPOMS.
- Using Leuven scales to identify children in EYFS who need support.
- Staff report concerns about individual children to the relevant lead people, using CPOMS.
- Worry boxes in each class for children to raise concerns which are checked by Class Teachers and Senior Mental Health Lead
- Pupil Progress Review meetings termly
- A parental information and health questionnaire on entry to the School.
- Gathering information from a previous school at transfer.
- Parents' Evenings
- 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 Overstone are aware of the protective and risk factors (see Appendix B), types of mental health needs (see Appendix C) and signs that might mean a pupil is experiencing mental health problems. 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 aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive or aggressive behaviour. This may be related to difficulties at home or with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm, child protection procedures are followed. If there is a medical emergency, procedures for medical emergencies are followed.

3) How we promote positive mental health and wellbeing for staff

https://www.gov.uk/guidance/education-staff-wellbeing-charter

We have signed up to the *Education Staff Wellbeing Charter*, which shows our commitment to:

1. Prioritise staff mental health
We will:
- tackle mental health stigma within the organisation, promoting an open and understanding culture.
- give the same consideration and support to mental health as physical health, including in the management of staff absence.
- fulfil our legal duty to control the risks associated with work-related stress in the education setting so far as is reasonably practicable.
- channel support to individuals whose role is known to have a significant emotional component. This might take the form of peer support, supervision, and/or counselling.
- ensure that staff understand the real benefits that sensitive pastoral support can have, while also recognising where their limits are as non-specialists. We will therefore ensure there are opportunities
- to increase joint working in support of pupils, as well as routes to refer for specialist support.

2. Give staff the support they need to take responsibility for their own and other people's wellbeing
We will empower staff to take ownership of their own wellbeing and look out for the wellbeing of others. This will include ensuring that all staff are familiar with the different dimensions of wellbeing, including mental health, financial wellbeing and physical wellbeing. We will ensure that staff know how to access appropriate guidance, support and tools, and that their use is encouraged throughout the organisation.

3. Give managers access to the tools and resources they need to support the wellbeing of those they line manage
We will work to provide managers with tools, resources and training to support their staff. We will not, however, expect managers to provide professional wellbeing support for which they have no professional training, and will ensure that there are clear routes in place to escalate for further support.

4. Establish a clear communications policy
We will provide clear guidance to all stakeholders (internal and external) on remote and out-of-school/college hours working, including when it is and isn't reasonable to expect staff to respond to queries. This should not necessarily include preventing staff from accessing email at 'unsociable' hours if it suits them personally.

5. Give staff a voice in decision-making
We will constantly strive to improve the ways in which the voice of staff is included in the decision-making process across the college or school. (This may also include engagement with key stakeholders, such as recognised trade unions and others). In particular, we will proactively seek to draw upon the experience of those with mental health issues and/or of discrimination, ensuring that they are able to share their experience confidently and safely.

6. Drive down unnecessary workload
We will work proactively to drive down unnecessary workload, making use of available tools (such as the Workload Reduction Toolkit for schools).

7. Champion flexible working and diversity

We will work to create a supportive culture around flexible working. We will agree an approach that not only recognises employees' legal right to request flexible working but acknowledges that for some staff working flexibly can be a key means of protecting and enhancing their personal wellbeing.

We will work to promote diversity –eliminating discrimination, and advancing equality of opportunity.

8. Create a good behaviour culture

We will work with staff and pupils to maintain and implement a school-wide behaviour policy. All staff and pupils will have a shared understanding of how good behaviour is encouraged and rewarded, and the sanctions that will be imposed if pupils misbehave. We will support staff to create
calm, safe and disciplined environments, which allow teachers to teach and pupils to learn. Our approach will go hand-in-hand with understanding and supporting pupil mental health issues.

9. Support staff to progress in their careers

We will ensure that staff are able to pursue professional development without adversely impacting their own or other people's workload. In schools, we will ensure that any professional development activity is aligned to the Standard for Teachers' Professional Development.

10. Include a sub-strategy for protecting leader wellbeing and mental health

We will ensure that all those with strategic decision-making responsibility (including as appropriate governors and trustees) should collaborate to develop a sub-strategy specifically for protecting leader mental health. This should include access to confidential counselling and/or coaching where needed.

11. Hold ourselves accountable, including by measuring staff wellbeing

We will measure the wellbeing of staff using recognised tools and metrics and be transparent about results. We will monitor trends over time, and act in response to changes. Further, we will work with staff and relevant stakeholders (this might include parents, recognised trade unions and others) to agree an approach to organisational accountability on our commitments, giving due consideration to workload.

4) 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 children who are experiencing mental health needs.

On first entry to the school, in Nursery or Reception, our parents 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. All information will be treated in confidence.

To support parents and carers:

- We organise a range of activities including workshops and information evenings
- We provide information and websites on mental health issues and local wellbeing and parenting programmes
- We include the mental health topics that are taught in the PSHE curriculum section 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.
- We post weekly Wellbeing Wednesday advice and support on Class Dojo

We are aware that parents and carers react in different ways to knowing their child is experiencing mental health issues and we will be sensitive and supportive. We also aim 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 almost all cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified.)
- Offer information to take away and places to seek further information
- Be available for follow up calls
- Make a record of the meeting on CPOMS
- Agree a mental health Individual Care Plan including clear next steps, when appropriate.
- 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 provided.

Appendix A   **Overstone ELSA Process**

Wave 1

1. Initial concern noted
Gain background information from child, parents and other staff, as appropriate.

2. Initial support planned by Class-teacher, using Blurt Activities or A Toolbox of Wellbeing.

3. ELSA Referral Form completed by Class-teacher, including parental views and given to Miss Wright.
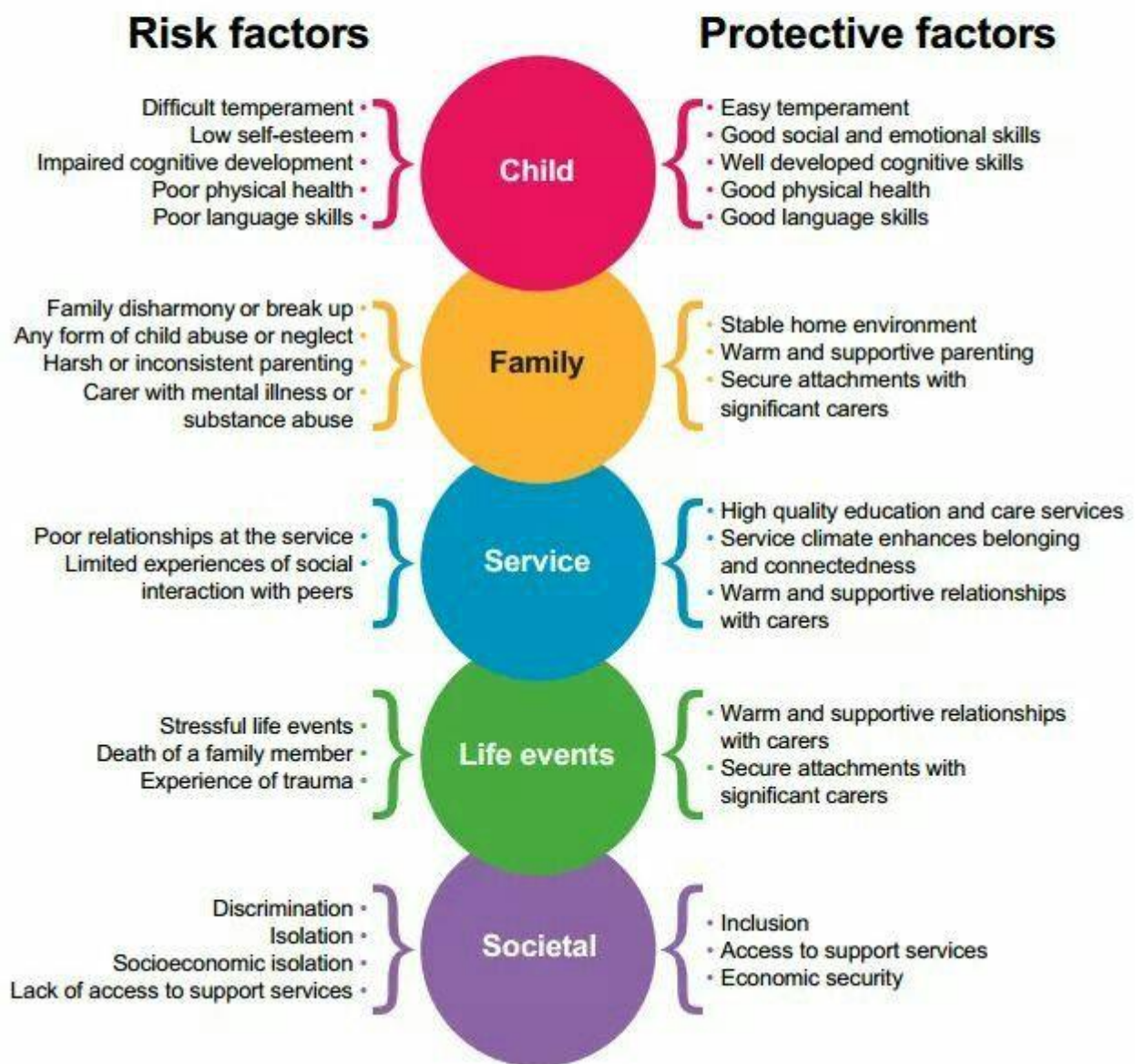
Wave 2

1. ELSA sessions scheduled, if appropriate.

2. Pre-session questionnaire completed with ELSA and targets set.

3. 6-week block of sessions delivered.

4. Evaluate targets and report to Class-teacher and parents. Consider with SENDCo whether further referral is needed.

Risk and protective factors

Risk factors

Protective factors

Child

Risk factors
- Difficult temperament
- Low self-esteem
- Impaired cognitive development
- Poor physical health
- Poor language skills

Protective factors
- Easy temperament
- Good social and emotional skills
- Well developed cognitive skills
- Good physical health
- Good language skills

Family

Risk factors
- Family disharmony or break up
- Any form of child abuse or neglect
- Harsh or inconsistent parenting
- Carer with mental illness or substance abuse

Protective factors
- Stable home environment
- Warm and supportive parenting
- Secure attachments with significant carers

Service

Risk factors
- Poor relationships at the service
- Limited experiences of social interaction with peers

Protective factors
- High quality education and care services
- Service climate enhances belonging and connectedness
- Warm and supportive relationships with carers

Life events

Risk factors
- Stressful life events
- Death of a family member
- Experience of trauma

Protective factors
- Warm and supportive relationships with carers
- Secure attachments with significant carers

Societal

Risk factors
- Discrimination
- Isolation
- Socioeconomic isolation
- Lack of access to support services

Protective factors
- Inclusion
- Access to support services
- Economic security

Appendix C

<u>Extract from Mental health and behaviour in schools, DfE, November 2018</u>

Mental health problems in children

3.1 Short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects.

The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children.

When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

3.2 Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders.

Mental health professionals have classified these as:
• emotional disorders, for example phobias, anxiety states and depression;
• conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour;
• hyperkinetic disorders, for example disturbance of activity and attention;
• developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
• attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
• trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect; and
• other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic-depressive disorder.