MENTAL HEALTH POLICY

Name of Policy	Mental Health Policy
Reviewed by	Dan Sayers Natalie Atkins
Review Date	30 November 2023
Next Review Date	November 2025
To be Read in Conjunction with	
Legislation Referenced	

Unless otherwise stated, all Policies of St Hilda's School apply to the school in its entirety. This comprises all staff and pupils in the Early Years Foundation Stage (EYFS), the Junior School (Key Stage 1) and the Senior School (Key Stage 2).

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1. INTRODUCTION

The World Health Organisation's definition of mental health and wellbeing is *'a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.'*

St Hilda's School takes a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise. This is delivered through a variety of practical forms as outlined below. We also take our responsibilities seriously in ensuring that staff wellbeing is a synonymous part of our daily practice, where everyone feels valued and respected, regardless of their role.

St Hilda's recognises how important mental health and emotional well-being are to our lives in just the same way as physical health. We recognise that the mental health of children and adults in our school community is a crucial factor in their overall wellbeing and can affect their learning and achievement.

2. BACKGROUND

A Government green paper publication in December 2017, <u>Transforming Mental Health in Schools and Colleges</u>, sets out the government ambition to go further to ensure that children and young people showing early signs of poor emotional wellbeing and distress are always able to access the right help, in the right setting, when they need it. The green paper acknowledges that half of all mental health conditions are established before the age of fourteen and that early intervention can prevent problems escalating and have major societal benefits. The green paper sets out to put schools and colleges at the heart of everyone's efforts to intervene early and prevent problems escalating. There is clear evidence that schools and colleges play a vital role in identifying mental health needs at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems.

3. PURPOSE OF THE POLICY

This policy sets out to summarise the various elements of our approach to mental health at St Hilda's. This is a multi-faceted approach and includes strategies for pupils, together with informal approaches to ensuring that staff are supported on a daily basis. The document sets out to show:

- How we promote positive mental health
- How we prevent mental health problems
- How we identify and support pupils with mental health needs
- How we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse
- Key information about some common mental health problems
- Where parents, staff and pupils can get advice and support

4. HOW POSITIVE MENTAL HEALTH IS PROMOTED

We encourage our pupils to express their feelings and worries through a variety of practical strategies. These are utilised by form teachers depending on the age and maturity of the pupils. Our mentor system is a longstanding part of our provision. All pupils are allocated a mentor at the end of the Easter of Form V, unless they have experienced significant challenges, and it is felt an early mentor would help. This is usually suggested by a senior member of staff and made in close liaison

with the child's parents, and managed discreetly.   A number of approaches are listed below. These are not universal and teachers are given the freedom to utilise a method that is appropriate to their class, including:

• Worry boxes situated in form rooms and maintained by form teachers
• Mindfulness and breathing/meditation in class
• Sporting activities for classes and the whole School
• Mental Health Wellbeing focus threading throughout the school ethos and PSHCE curriculum
• Encouraging positive relationships so children can be aware of trusted adults around them and where to find support
• Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school
• After school clubs e.g. yoga, drama, football, netball
• House Events to promote wellbeing

5.   HOW MENTAL HEALTH PROBLEMS ARE PREVENTED

We work hard to collaborate as a staff team to ensure that our wellbeing programme provides a suitable, strong range of strategies that supports all our pupils and which helps prevent individual needs from being missed. Our cornerstone strapline 'Caring, Curious and Confident' is our overarching aim to ensure that every child feels safe and supported in order to thrive and achieve, and making sure all do feel cared for is our paramount responsibility as educators. This is achieved in a variety of ways as set out below, so that different personality and character traits are equally supported. These are enabled by:

• Providing a safe environment to enable pupils to express themselves and be listened to
• Providing key and trusted adults
• Ensuring the welfare and safety of pupils at all times
• Identifying appropriate support for pupils based on their needs
• Involving parents and carers when their child needs support
• Monitoring, reviewing and evaluating the support with pupils and keep parents and carers updated

6.   HOW PUPILS WITH MENTAL HEALTH NEEDS ARE IDENTIFIED AND SUPPORTED

It is vital that all staff at St Hilda's School are vigilant in looking out for signs of need in mental health. Anxiety is often a trigger and this can be manifested in a variety of ways, often being masked in lessons and seen more readily in social situations. All our staff receive regular and timely support when any pupil is suffering from particular issues, to ensure that there is consistency of provision. This can be in the form of staff training through INSET, bulletins and individual communication as required. Pupil voice is an important feature, and this is facilitated through formal and informal means such as surveys, form time discussions or staff/pupil interaction more informally. These are:

• Analysing behaviour, exclusions, visits to the medical room, attendance and Behaviour Forms / Anti-Bullying logs
• Pupil surveys
• School Council meetings
• Staff report concerns about individual pupils to the Assistant Head of Pastoral Care and Designated Safeguarding Team
• Worry boxes in each class for pupils to raise concerns which are checked by the class teacher
• Weekly staff bulletin and staff meeting for staff to raise concerns about individual children
• Gathering information from a previous school at transfer or transition
• Parental meetings and electronic communication

- Enabling pupils to raise concerns to class teacher and support staff
- Enabling parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'
- Meetings with outside support services
- Mentor system (early mentors are put in place for those requiring more focused support, and all pupils from the Easter of Form V)

Early identification signs can include:

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

Staff are aware that mental health needs such as anxiety might appear as noncompliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development. If there is a concern that a pupil is in danger of immediate harm then the school's Safeguarding procedures are followed.

Verbal Disclosures by Pupils

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff listen rather than advise, as laid out in our Safeguarding Policy. Staff are clear to pupils that the concern will be shared with the Inclusion Manager/Designated Safeguarding Team and recorded to provide appropriate support to the pupil.

Non-Verbal Disclosures by Pupils

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

Our aim is to put in place interventions as early as possible to prevent problems escalating. The Safeguarding Team regularly reviews all processes. We recognise that just like physical health, mental health and emotional well-being can vary at any given time and is fluid and changes.

7. STAFF TRAINING

Our Assistant Head of Pastoral Care has completed the following training:

- Hertfordshire School's Mental Health Lead Training
- Youth Mental Health First Aid (MHFA) England Champion Course

Staff receive regular training and support at INSET days and through staff meetings. St Hilda's belongs to the Harpenden Partnership Plus initiative with local schools and we are able to access all available services

through referrals to this, including counselling and family therapy. We also work with families in supporting them in finding private professional services where appropriate. In times of significant stress for families such as bereavement, we work closely with the family in offering resources and pointing them to suitable services to provide long-term support.

8.   KEY INFORMATION ABOUT COMMON MENTAL HEALTH PROBLEMS

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.

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;
  https://www.nhs.uk/Conditions/Pages/bodymap.aspx?Subject=Mental%20health%20disorders
- Other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic-depressive disorder.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Schools are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

9.   FURTHER INFORMATION

- 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
- Self-Harm www.selfharm.co.uk
- Suicidal thoughts Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
- Department for Education Mental health and behaviour in schools – November 2018
https://assets.publishing.service.gov.uk/media/625ee6148fa8f54a8bb65ba9/Mental_health_and_behaviour_in_schools.pdf

Appendix 1

Risk and protective factors that are believed to be associated with mental health outcomes: (DfE Mental Health and Behaviour in Schools)

	Risk factors	Protective factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• 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	• 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	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working

		• Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• 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