



# Old Vicarage School

## Positive Mental Health & Well-Being Policy

**This policy applies to the whole school including the EYFS.**

**This policy should be read in conjunction with the School's Child Protection & Safeguarding, Anti Bullying, Behaviour, Discipline & Sanctions, PSHE and Individual Needs Policies**

### Introduction

At the Old Vicarage School, we are committed to promoting positive mental health and emotional wellbeing for our whole school community (children, staff, governors, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives, in the same way as physical health. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement.

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

The School recognises that the challenges we have faced with lockdown, home-schooling, returning to school and working in a Covid secure environment in 'bubbles', has added an extra layer of possible short and longer term anxiety to our community.

**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. All staff may access our support and counselling service in confidence.

### **A whole school approach to promoting positive mental health**

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

This encompasses seven aspects:

1. Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands
2. Helping children to develop social relationships, support each other and seek help when they need it
3. Helping children to be resilient learners
4. Teaching children social and emotional skills and an awareness of mental health
5. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services
6. Effectively working with parents and carers
7. Supporting and training staff to develop their skills and their own resilience

We understand that poor mental health may be an indicator that a child has suffered or is at risk of suffering from abuse, neglect or exploitation. Similarly poor behaviour, whether it is disruptive, withdrawn, anxious or otherwise, may be related to an unmet mental health need.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues

## **Roles and responsibilities**

### **All Staff**

School staff are not expected or trained to diagnose mental health conditions or issues but should be alive to behaviours that may be of concern. Staff should be aware of 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 2 on risk and protective factors).

Where staff have a mental health concern about a child that may also be a safeguarding concern, they should raise the issue by informing a DP in accordance with the procedures set out in the Child Protection & Safeguarding Policy.

### **Mental Health Lead ("MHL")**

The MHL, a trained Mental Health First Aider, is a source of support for the whole school and will make herself available to discuss issues as they arise. In the event of a crisis, the MHL will assess and advise on the immediate actions to be taken by the school, as necessary in conjunction with the DSL.

#### **The MHL**

- leads and works with other staff to coordinate whole school activities to promote positive mental health
- provides advice and support to staff and organises training and updates
- keeps staff up-to-date with information about what support is available
- liaises with the PSHE lead to ensure that PSHE lessons include teaching about mental health

The MHL is supported by the Head of Learning Support, the Head of PSHE and the HR Manager.

The MHL is a member of the Senior Management Team and a Deputy Designated Safeguarding Lead and will raise any issues as they arise in line with the School's Child Protection & Safeguarding Policy

In other circumstances, If staff are concerned about a pupil's mental health then this would normally be shared as a pastoral concern in order for Form Teachers to be fully aware of the situation and for them to support the pupil on an individual basis. If it is deemed appropriate for the MHL to get involved, they will discuss the case with the relevant staff member, with a view to contacting parents and putting a formal plan in place. .

### **Supporting children's positive mental health**

We believe the School has a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our School has developed a range of strategies and approaches including:

#### **Pupil-led activities**

- Form time and assemblies to raise awareness of mental health.
- Buddies between older and younger pupils

#### **Class activities**

- Praise boxes a mechanism where children can be praised for certain duties, tasks or things they have done and have them celebrated in class
- Worry boxes - a similar mechanism where children can anonymously share worries or concerns in class
- Mental health teaching programmes through more formal PSHE lessons and informal form time
- Circle times
- A wellness week in the summer term for Years 3, 4 and 5

#### **Whole school**

- Displays and information around the School about positive mental health and where to go for help and support

Staff have access to the Thrive App and the Employee Assistance Programme (confidential support and counselling).

### **Teaching about mental health and emotional wellbeing**

Our PSHE curriculum is developed to give pupils the skills, knowledge and understanding they need to keep themselves mentally healthy. We will regularly review our PSHE curriculum and lesson content to ensure that they are meeting the aims outlined in this policy.

### **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:

- identify individuals that might need support
- working with the School Office staff who are often the first point of contact with families seeking support
- analysing behaviour, exclusions, attendance and weekly Behaviour / Anti-Bullying reports
- pupil surveys
- staff report concerns about individual pupils to the MHL and Designated Safeguarding Team
- worry boxes in each class for pupils to raise concerns which are checked by

- the class teacher
- daily staff briefing for staff to raise concerns about individual children
- gathering information from a previous school at transfer or transition
- parental meetings
- enabling pupils to raise concerns to class teacher and support staff
- enabling parents and carers to raise concerns to the Form teacher or to any member of staff  
- we have an 'Open Door Policy'

### **Identifying Needs and Warning Signs**

All of our staff will be guided in how to recognise the warning signs of common mental health problems. This means that they will be able to offer help and support to pupils when they need it.

These warning signs will always be taken seriously and staff who notice any of these signs will communicate their concerns with the MHL or DSLs as appropriate.

Possible warning signs, which all staff should be aware of may include:

- Physical signs of harm
- Changes in eating and sleeping habits
- Increased social isolation
- Changes in mood
- Talking and/or joking about self-harm and/or suicide
- Drug and alcohol abuse
- Feelings of failure, uselessness, and loss of hope
- Secretive behaviour
- Clothing unsuitable for the time of year, e.g. a large winter coat in summer
- Negative behaviour patterns, e.g. disruption

Staff will also be able to identify a range of issues, including:

- Attendance and absenteeism
- Punctuality
- Changes in educational attainment and attitude towards education
- Family and relationship problems

Finally, staff should be aware that other factors can impact a pupil's mental health, such as bereavement and health difficulties.

### **Managing disclosures**

A pupil may choose to disclose concerns about themselves or a friend to any member of staff.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should

- always be calm, supportive and non-judgmental
- always listen carefully to the child whilst not being judgmental.
- never promise confidentiality at the initial stage

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

Details on where to get help can be found at Appendix 1. Common mental health needs can be found at Appendix 3.

### **Confidentiality & Record keeping**

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.

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

Save in relation to certain Safeguarding concerns

- We should never share information about a Pupil without telling them that this will occur
- Parents must be informed.
- Pupils can be encouraged to tell their parents themselves.

### **Working with Parents**

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we should consider the following questions (on a case by case basis):

- is it preferable to meet face to face?
- what are the aims of the meeting?
- who else should attend - pupil, other members of staff?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information. We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

In order to support parents, we will:

- ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- make our mental health policy is easily accessible to parents
- share ideas about how parents can support positive mental health in their children through information evenings
- keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

### **Supporting Peers**

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the pupil who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support

- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

### **Support for children after inpatient treatment**

We recognise that some children will need ongoing support. We are careful not to “label” children with diagnoses without prior and sensitive consultation with family/carers and other relevant professionals.

After inpatient treatment we will work with parents and health care professionals to produce an Individual Care Plan to support children to re-integrate successfully back to school.

### **SEND and mental health**

Persistent mental health problems may lead to children having significantly greater difficulty in learning than the majority of those of the same age. In some cases, the child may benefit from being identified as having a special educational need (SEN).

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

### **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 children and know what to do and where to get help

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.

### **Occupational Stress and the wellbeing of staff**

Occupational (workplace) stress can be a major factor in reduced staff performance, commitment and motivation, increased sickness absence, and general absenteeism. The School acknowledges that it has a general duty, so far as is reasonably practicable, to protect the health of its employees.

### **The causes of work-related stress**

The potential causes of work-related stress are many and varied and can relate to an individual's perception of a situation i.e. something one person perceives to be stressful, another may not. Six factors that can lead to work related stress if they are not managed properly are;

- Demands – such as workload and exposure to physical hazards.
- Control – how much say an individual has in the way they do their work.
- Support – from peers and managers, training, catering for individual differences.
- Relationships – issues such as bullying and harassment.
- Role – an individual's understanding of their work role and prevention of role conflicts.
- Change – how change is managed and communicated.

Staff have a responsibility to identify when pressure is becoming excessive for them. If they feel they may be suffering from workplace stress and their health is at risk, they should express their concerns with their line manager or the Head. They will need to try and identify as to how this situation may be remedied in the short and/or long term. The School has a responsibility to respond to any notification

of this nature and to implement reasonable adjustments to ease any excessive pressure and provide any necessary support, information and training.

Out of work problems (personal, domestic) can also make it difficult to cope with the pressure of work. We encourage staff to talk to someone if they are struggling to cope because we know performance at work may suffer as a result. The school will look to support staff where possible with a view to enabling them to achieve emotional wellbeing.

### **Signposting**

We will ensure that staff, students and parents are aware of sources of support within school and in the local community.

We will display relevant sources of support in communal areas and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help- seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Signed: **Mandy Fawcett**  
Position: **Deputy Head – MHL**

**Clare Strickland**  
**Head**

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## **Appendix 1 Where to get information and support**

As well as contacting their GP, parents and staff can be guided to a number of online services that offer resources and information on Mental Health:

Anxiety UK [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

OCD UK [www.ocduk.org](http://www.ocduk.org)

Eating Disorders [www.b-eat.co.uk](http://www.b-eat.co.uk)

National Self-Harm Network [www.nshn.co.uk](http://www.nshn.co.uk)

Self-Harm [www.selfharm.co.uk](http://www.selfharm.co.uk)

Suicidal thoughts - Prevention of young suicide UK [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

[www.charliewaller.org](http://www.charliewaller.org)

[www.kooth.com](http://www.kooth.com)

[www.samaritans.org](http://www.samaritans.org)

[www.childline.org.uk](http://www.childline.org.uk)



**Appendix 2 Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)**

|                  | Risk Factors  | Protective Factors  |
|------------------|---|---|
| In the Child     | <ul style="list-style-type: none"> <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>  |
| 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 3**

#### **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, Suicidal Thoughts).

The DfE guide does not include specific information on 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.