



**Barcombe Hamsey Plumpton
Skylark Federation**

Mental Health and Wellbeing Policy (Pupils)

Reviewed and approved by FGB: May 2022 Review: Summer 2023

SignedChair of Governors Date

Signed Executive Headteacher Date

MENTAL HEALTH & WELLBEING POLICY

Skylark Federation

Mental health and emotional wellbeing policy guidance

This policy guidance is designed to support our federation to develop and implement practical, and effective mental health policies and procedures that promote a safe and stable environment for the many children affected both directly and indirectly by mental ill health. In every standard classroom, three children will suffer from a diagnosable mental health condition and the schools have an important role to play, acting as a source of support and information for both children and parents. This policy guidance acts as the federation's central reference point for mental health.

Date-May 2022

Date to be reviewed-May 2024

The mental health and emotional wellbeing policy guidance

Aims of the policy

The policy aims to:

- promote positive mental health in all staff and children
- increase understanding and awareness of common mental health issues
- alert staff to early warning signs of mental ill health
- provide support to staff working with young people with mental health issues
- provide support to children suffering mental ill health and their peers and parents/carers
- provide appropriate support to parents suffering mental ill health

Designated Senior Lead for Mental Health

At Skylark Federation, Sophie Shannon is the Designated Senior Lead for Mental Health

Definition of Mental Health

- The World Health Organisation defines mental health as a state of wellbeing in which every individual achieves their potential, copes with the normal stresses of life, works productively and fruitfully, and is able to make a contribution to their community.
- Mental health includes our emotional, psychological and social wellbeing. It affects how we think, feel and act.
- Like physical health, mental health is something we all have. It can range across a spectrum from healthy to unwell; it can fluctuate on a daily basis and change over Time.

A clear vision, and values that are understood and consistently communicated

Our understanding and definition of a 'Mentally Healthy School' is:

A school that adopts a whole-school approach to mental health and wellbeing. It is a school that helps children flourish, learn and succeed by providing opportunities for them, and the adults around them, to develop the strengths and coping skills that underpin resilience.

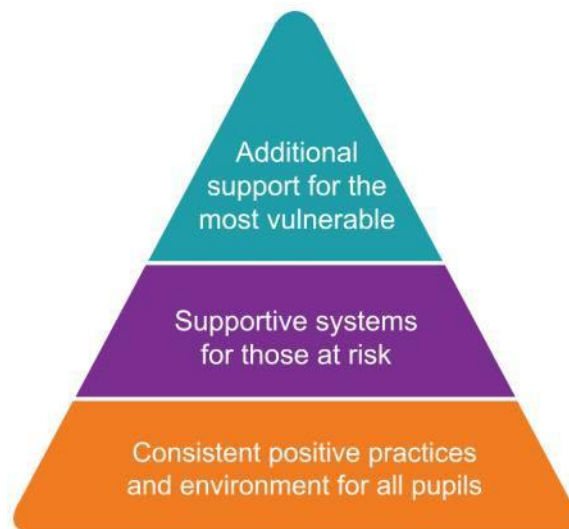
A mentally healthy school sees positive mental health and wellbeing as fundamental to its values, mission and culture. It is a school where child, staff and parent/carer mental health and wellbeing is seen as 'everybody's business'. We also understand that there is strong evidence on the links between well-being, learning (cognitive development) and school improvement.

Skylark Federation aims to follow these approaches:

- Adopt whole school thinking: We are building from a solid base of positive universal work and will develop an action plan to develop general wellbeing practice for children; families and staff
- Engage the whole community: We are a school with strong pupil voice; authentic involvement in learning, decision making and peer-led approaches. Children will be involved and consulted (wellbeing lessons; school council). We will offer parents/families genuine participation through the Families and Carer forum.
- Prioritise professional learning and staff development: We will provide staff with regular mental health training so that they know the risk factors to well-being and can support development of resilience to overcome them. Pastoral staff are trained in Mental Health First Aid and one mentor is undertaking the Attachment Lead training. All staff receive attachment training every 3 years.
- Develop supportive policy: The policy will be agreed as part of regular review cycle.
- Implement targeted programmes: Skylark Federation has been teaching children about mental health through a strong PSHE curriculum for a several years.
- Implement targeted responses and identify specialist pathways: Skylark Federation has a dedicated and effective pastoral team of Mental Health First Aiders, a Nurture and Attachment lead who develops community responses and supports for children with wellbeing challenges. We employ a school counsellor on a part time basis. We refer children to the Schools Health Team and CAMHS where needed. We also ask for direct support from the Educational Psychology service.
- Connect appropriately with approaches to behaviour management: We hope at Skylark Federation that we respond wisely to 'difficult' behaviour as we adopt a therapeutic relationship rather than a behaviourist approach (no extrinsic rewards and punishments) and aim to never exclude children – however severe their distress. We understand difficult behaviour in children to often be communication about difficult things, preferring to try and

hear what this means for the child and provide support. For more information, please read the Federation Therapeutic Behaviour Policy.

Our structures and practices consistently support all children’s mental health across the school community. We continually consider how children’s individual needs are met through a stepped approach, ensuring that practices are consistent for all children, whilst providing additional support for the most vulnerable children.



Mental health is not a binary state – children are not either mentally healthy or ill. Mental health falls on a continuum, ranging from excellent mental health to severe symptoms such as panic attacks or major depressive episodes- inspired by, Canada’s [The Working Mind](#)

Roles and responsibilities in school

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

- Catherine Allison, Ruth Force, Jon Hughes - DSL in each school
- Ann Hill – Staff- Mental health lead -mental health first aider
- Sophie Shannon - Inclusion manager and mental health lead
- Natasha Bruce – Nurture/Attachement lead/Deputy SENDCo
- Marcus Edwards- Mental health first aider
- Gemma Rogers – Mental health first aider
- Stewart James and Sophie Shannon - CPD leads
- Lucy Payne- Head of PSHE

Role of the mental health lead

The mental health lead will; provide a link to expertise and support regarding specific children; identify issues and make effective referrals; contribute to leading and developing whole school approaches around mental health.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection office of staff or the executive head teacher. If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to an external service is appropriate, this will be led and managed by Sophie Shannon.

Specific help for vulnerable children

Warning signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with Sophie Shannon, our mental health and emotional wellbeing lead.

Possible warning signs include:

- physical signs of harm that are repeated or appear non-accidental
- changes in eating / sleeping habits
- increased isolation from friends or family, becoming socially withdrawn
- increased difficulty in separating from adults (clinginess)
- changes in activity and mood

- lowering of academic achievement
- talking or joking about self-harm or suicide
- abusing drugs or alcohol
- expressing feelings of failure, uselessness or loss of hope
- changes in clothing – e.g. long sleeves in warm weather
- secretive behaviour
- skipping PE or getting changed secretly
- lateness to or absence from school
- repeated physical pain or nausea with no evident cause
- an increase in lateness or absenteeism

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

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-judgemental.

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

All disclosures should be recorded in writing on a concern form.

This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with Sophie Shannon and or the DSL who will offer support and advice about next steps.

Confidentiality

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?

It is always advisable to share disclosures with a colleague, usually the mental health lead (Sophie Shannon); this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Strategies and provision used to support a child with mental health needs

Team around the Child

We are committed to ensuring that a pupil with mental health needs receives appropriate support at an early stage. We use assessments to ensure that a student's needs are appropriately met, and that there is careful planning to meet children's specific needs. We initiate Team around the Child meetings to support coordinated working, information sharing and early intervention.

Positive Play

The Nurture Lead is able to offering positive play experiences at break and lunch times

Nurture and Mental Health First Aider Leads

Nurture and Mental Health First Aider Leads work with children from EYFS to Y6 and act as key adults for children in emotional or social need. They help children improve outcomes by unblocking barriers to learning and/or behaviour. Nurture and Mental Health First Aider Leads work closely with a child's teacher and parents/carers to ensure progress. The lead creates an inclusion plan in consultation with the child, the child's parents/carers and the child's teacher. This sets clear, hopeful targets and strategies for improvement. We recognise that times of transition are vulnerable times for children and so, to this end, we provide support to all children joining our school from another school. The pastoral team also support the children over transition to secondary school or into another primary school should the child move.

School Counsellor

Some children are given support by a school counsellor which the school finances. The school counsellor helps children with emotional/mental health issues presenting in school and meets regularly with the child; the child's parents/carer; and SENCo.

Zones of Regulation (Emotional/Sensory Regulation)

We use the Zones of Regulation approach on a whole class, targets and individual level. This is a simple coloured scaling system (red/yellow/green/blue) which encourages children to regularly consider their emotional/sensory wellbeing. In this system, the 'Just Right' colour is green (calm, content, ready to learn); the blue colour represents feeling tired/lethargic/low; the yellow colour represents feeling anxious/fizzy/stressed/over-stimulated and the red colour represents anger/meltdown/shutdown.

Children learn to know what helps them feel better (eg move from the yellow zone back to the green or stimulate themselves out of the blue zone into the green). Some children need an adult to notice their emotional/sensory state to help them regulate.

Sensory Plans/ Therapeutic plan

Lots of children with poor attention / impulse control / concentration / other challenges can respond positively to additional planning to meet their sensory needs – even if these needs are not obvious. This is well researched but not widely implemented yet in schools. We are committed to growing our practice in this area and have trained all staff in the Zones of Regulation approach.

Social Skills/ Nurture Groups

Social skills/Nurture groups are set up within the school on a needs-basis. Children who have mild behavioural challenges may be invited to join such a group, especially where that problem is linked to social skills. We would not call these groups 'social skills' groups but the children would be clear about their reason for attending and the group goals – and we will ask the children to name their own group!

Circle of Friends

On rare occasions, and with the child's and parent's permission, we may set up a Circle of Friends around a child. This is a team of peer supporters who take on a role of supporting a child who wants to make a change but is struggling to do so alone or who is trying to develop the skills of friendship and needs help. This is adult-led and adult supported throughout.

Flexible support for more vulnerable pupils

There are a small number of children who will need a far greater amount of support in managing their own impulses / behaviour. Some children can fail to respond to the Zones of Regulation as they feel less securely attached to our school community and our priority is to develop these children's sense of belonging. Some children have other emotional vulnerabilities which may mean they act defensively; lack resilience or empathy. Some children have special educational needs or disabilities (such as autism; ADHD; attachment disorder) or underlying mental health conditions and specific, individual plans/additional support need to be planned to ensure these children are supported to reach their goals.

We have a clear Equalities Policy (based upon our duties under the Equality Act 2010) and believe that all children have the same rights although they may have very different needs. This does not mean that we create differing expectations of behaviour for different children – rather that we use bespoke strategies and support to enable children to meet same high expectations as everyone else.

Children with severe social, emotional and mental health challenges:

External Support

In cases of children who present long-standing and persistent emotional difficulties which we cannot understand and which do not respond to intervention, we may refer the child to CAMHS (Child and Adolescent Mental Health Service) or an Educational Psychologist with parental/carer consent. This is something we rarely consider, preferring to use our community resources and peer and adult relationships.

On rare occasions, the following strategies may also be used:

Adults have the right to remove/confiscate property from a child. Children may also be physically managed to prevent them hurting themselves or others; damaging property or compromising the order of the class/school. Parents would be informed of this and support for the child put in place.

Effective partnerships 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):

- Can the meeting happen face to face? This is preferable
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff
- What are the aims of the meeting?

It is very important for us to ensure that there is joint planning and decision making with each child's parents. Parents will be contacted by a member of staff to inform them of any updates, in order for them to be a key part of their child's planning.

In order to support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website
- 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
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our Families and Carers forum
- 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
- Promote joint planning and decision making with each child's parent

We will ensure that parents suffering from mental ill health and/ or who need appropriate support, are provided with additional support. We are mindful that parents with mental health issues may worry about

discrimination, and the effect their illness has on their child. Therefore, we will be sensitive when approaching parents with mental health needs. In order to support parents with additional needs, we will:

- Keep parents informed about services and sources of help around emotional wellbeing
- Provide details of counselling services available for parents, if required
- Refer parents to specialist services, in consultation with parents
- Support parents in developing their parenting skills
- Provide accessible information, explanation, guidance and signposting

Support and training for all staff to build skills, capacity and own resilience

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

Staff should also familiarise themselves with the 'Guide for East Sussex Schools: Supporting children in their mental health'.

Training opportunities for staff that require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more children.

A curriculum that teaches life skills, including social and emotional skills

Mental health within PSHE

Mental health within PSHE is developmental and appropriate to the age and needs of every pupil. It is part of a well-planned programme, delivered in a supportive atmosphere, where we aim for all children to feel comfortable to engage in open discussion and feel confident to ask for help if necessary.

Establishing a safe and supportive environment

- Boundaries for discussion and issues of confidentiality are discussed before mental health lessons begin.
- Each class/group works together to establish its own ground rules about how they would like everyone to behave in order to learn.
- Distancing techniques such as role play, third person case studies and an anonymous question box are employed when teaching sensitive issues.

Inclusion

All children and young people, whatever their experience, background or identity, are entitled to good quality education about mental health that helps them build a positive sense of self. Respect for them and each other

is central to all teaching. The PSHE programme and approach is inclusive of difference: gender identity, sexual orientation, ability, disability, ethnicity, culture, age, faith or belief or any other life experience.

Things to consider:

- Staff approach mental health education sensitively, knowing that their children are all different and have different family groupings.
- Mental health lessons cater for all children and the teachers and teaching materials are respectful of the rights of children with disabilities and how children choose to identify themselves.

Mental health in the curriculum

The Skylark Federation follows the *Jigsaw* PSHE Curriculum.

Assessment

Lessons are planned starting with establishing what children already know. In this way, teachers can also address any misconceptions that children may have.

Teachers do this by:

- brainstorms and discussions
- drawing and writing activities to find out what children already know

Assessment is the process where an individual child's learning and achievement are measured against the lesson objectives. Our children are assessed in a variety of ways including:

- children have reflective assessment sheets at the end of each topic
- written or oral assignments
- quizzes
- one to one discussion

Monitoring and evaluation

Monitoring is to ensure teaching is in line with school policy and that children are taught what is planned for different year groups. Evaluation helps to plan future lessons and enables teachers to review the programme to improve the teaching and learning.

The PSHE coordinator is responsible for the monitoring and evaluation of mental health lessons. A range of methods are used including:

- lesson observations
- what individual teachers added to or deleted from the lesson content
- children completing end of topic evaluations
- teachers completing end of topic evaluations
- annual PSHE review
- data collected from initial need assessment is compared to same assessment at end of topic.

	Connect: sense of belonging / feel safe / be heard	Be active / physical health	Learn about MHEW skills	Take notice (be in moment)	Sense of self / identity
Universal	<ul style="list-style-type: none"> • Learning community Values • Therapeutic Behaviour policy • Class and whole school community • School environment • Pupil voice • School council 	<ul style="list-style-type: none"> • Playground development • Outdoor equipment • Staff organising play and games • Playleaders • Sports Teams • Good quality PE • Clubs 	<ul style="list-style-type: none"> • Jigsaw curriculum (mindful whole school approach) • Whole class Zones of Regulation approach • Growth mindset / practice makes progress • Awareness weeks • Personal targets in learning 	<ul style="list-style-type: none"> • Forest School • School gardens • Learning break • Sensory breaks 	<ul style="list-style-type: none"> • PSHE lessons • Responsibilities • Good 2 Be Me Week • Role models • Buddy system • Play leaders

Targeted	<ul style="list-style-type: none"> • Nurture for new children • Positive playtimes • Nurture for support for children in need • Attachment mentoring for children in care of post-LAC • Soft Landings • Structured conversations • Restorative conversations • Whole class Zones of Regulation profile and plans • Pupil Premium holistic plans – clubs (free places); positive action; sense of belonging and competence • Children presenting to class with adult support (own identity/need)
Specialist	<ul style="list-style-type: none"> • Referral to school counsellor • Referral to CAMHS • Referral for Family Coaching / other Early Help support • Referral to services (eg Young Carers) • EP guidance request • Referral to ESBAS • Referral to the Health Team

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school/college staff too.

Support on all of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (www.minded.org.uk).

[NICE guidance on social and emotional wellbeing in primary education](#)

[NICE guidance on social and emotional wellbeing in secondary education](#)

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#) PSHE Association. Funded by the Department for Education (2015)

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

[Delivering Psychological services in schools to maximise emotional wellbeing and early intervention.](#) McConnellogue, Hickey, Patel and Picciotto, in The Child and Family Clinical Psychology Review: What good looks like in psychological services for children, young people and their families (2015), British Psychological Society

Appendix 1

Talking to children when they make mental health disclosures

The advice below is from children themselves, in their own words, together with some additional ideas to help you in initial conversations with children when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

If a child has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

The child should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the child does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the child to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the child may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a child may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the child.

Offer support

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the school's policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the child to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a child chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the child.

Don't assume that an apparently negative response is actually a negative response

Despite the fact that a child has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the child.

Never break your promises

Above all else, a child wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

