Barcombe Hamsey Plumpton Iford & Kingston

Skylark Federation

Mental Health and Wellbeing Policy (Pupils)

Approved FGB: 01.02.24
Next review: Spring 2025

This policy applies to all schools within the Skylark Federation. Reference may be made to the 'Federation' or an individual 'school' within the policy where appropriate.

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-January 2024
Date to be reviewed-January 2026

Section one
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

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

Why does mental health and wellbeing matter in schools?

Why does mental health and wellbeing matter in schools? What are the current issues?

Schools play a crucial role in developing pupil mental health, and a positive school environment and ethos promotes emotional wellbeing across the community. There are a variety of ways that schools can support both children and parents through; establishing consistent systems and interventions; enabling children to develop a sense of belonging; ensuring children feel safe and have the opportunity to ask for help, and providing support for parents that need additional help.

TRANSFORMING HEALTH IMPROVEMENT IN SCHOOLS

A consistent whole school culture and vision is integral for developing children's positive mental health and resilience.

A child's mental health will affect them for the rest of their life; it influences their overall health, happiness and productivity into adulthood. Promoting and protecting mental health in school children is therefore one of the most important things we can do for them. Half of all lifetime mental health problems develop by the age of 14, affecting approximately three children in every classroom. Untreated problems in early life lead to adult mental illness.

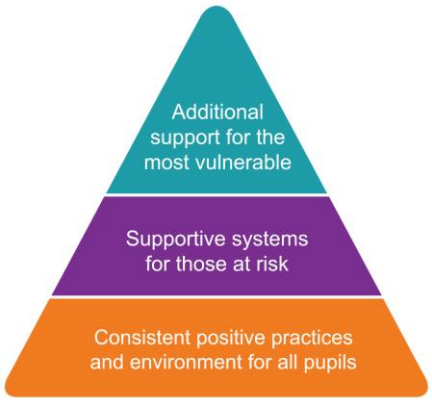
As well as lifetime wellbeing there are immediate benefits to positive emotional health. Children are happier, make friends and sustain relationships, are aware of and understand others, face problems and setbacks and learn from them, enjoy their play and leisure time and, most importantly for schools, they learn better.

The factors that influence whether or not a child develops an emotional or behavioural problem are complex but broadly fall into two categories: risk and resilience. We cannot always protect children from risks (for example parental substance misuse, bereavement or refugee status), but we know that individuals respond differently to difficult life events, failure and mistakes. Building resilience is about supporting and enabling children to cope better with what life throws at them. Risks don't in themselves cause illness, but they are cumulative, whereas resilience is developmental.

The ESCC MHEW audit framework for schools is a whole school approach that effectively supports children's mental health and resilience.[1]. The eight components reflect different aspects of school life that promote positive mental health. The evidence strongly indicates that the framework is most effective when all of the components are embedded in school culture.

We are working to ensure that the framework is put into practice across the whole school community; by staff, parents and children.

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.



Roles and Responsibilities in School

[1] ESCC gratefully acknowledges learning from Brighton & Hove City Council, Islington MHARS: A framework for mental health and resilience in schools, and Public Health England.

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

- Catherine Allison, Matt Dean, Abby Wilkins, Jon Hughes - DSL in each school
- Ann Hill – Staff- Mental health lead -Staff team Mental health first aider
- Natasha Bruce- Nurture Lead, MHFA
- Mel Cohen – MHFA
- Molly Christmas – MHFA
- Sophie Shannon - Inclusion manager and mental health lead
- Gemma Rogers – Mental health first aider
- Stewart James - CPD lead
- Lucy Payne- Head of PSHE

Role of the mental health lead
There is an expectation that all schools should have an individual responsible for mental health in schools. 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/college approaches around mental health. For small primary schools it is expected that the role of the mental health lead will be integrated with the safeguarding/other officer.

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 CAMHS is appropriate, this will be led and managed by Sophie Shannon.

Signposting

We will ensure that staff, children 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 such as staff rooms and toilets and will regularly highlight sources of support to children within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring children understand:

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

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 secretively
- lateness to or absence from school/college
- 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 and held on the student's confidential file. 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 who will store the record appropriately and 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?

We should never share information about a pupil outside this team without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. Our children are primary school children so we are always sensitive when sharing information.

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.

Parents must always be informed if appropriate and children may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give children the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL must be informed immediately.

Supporting 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.

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 may 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 understanding and compassionate.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

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 steps and always keep a brief record of the meeting on the child's confidential record.
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.

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. 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 or a friend of their 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 regular information meetings
- Run focus groups to provide us with an opportunity to gather parent perspectives
- 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
- Provide additional support such as help to complete forms and paperwork
- 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 child protection training 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

Section two
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.

Good practice in teaching and learning

- Using the correct terminology makes clear that everybody understands and avoids prejudiced or offensive language.
- Lessons contain a variety of teaching methods and strategies that encourage interaction, involvement and questioning: working individually, in pairs and groups; discussions; role play; prioritising; quizzes; research; case studies; games; circle time; visiting speakers.

Inclusion

TRANSFORMING HEALTH IMPROVEMENT IN SCHOOLS

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.
- Links with the school's inclusion policy.

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.

Resources

https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health

Appendix 1

Skylark Federation-Mental Health and Emotional Wellbeing Policy and Guidance

This is a summary of Skylark Federation's Mental Health and Emotional Wellbeing Policy and Guidance. For further details please see the full policy together with appendices. The purpose of this policy is to act as a central reference point to inform school staff, parent/carers and health professionals of the federation's

approach to mental health and wellbeing. This summary will be circulated to all staff. Senior staff and staff teaching PSHE should read the whole document.

Why does mental health and wellbeing matter in schools/colleges?
A child's mental health will affect them for the rest of their life; it influences their overall health, happiness and productivity into adulthood. Promoting and protecting mental health in school children is therefore one of the most important things we can do for them.

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, Matt Dean, Abby Wilkins, Jon Hughes - DSL in each school
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- Stewart James - CPD lead
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Staff continuing professional development
Throughout each school year staff have CPD opportunities to develop their understanding of children's mental health needs.

Confidentiality
Staff working with children cannot offer unconditional or absolute confidentiality. Staff have an obligation to inform children of this and to pass information on to the school's DSL if what is disclosed indicates that a student is at risk of harm.
If children disclose to visitors, then the visitor should report this to staff for school follow up.

Working with and supporting parents and carers
The school will provide support and information for parents and carers of all children within the school about how they can support their children's emotional and mental health. In regards to children who have identified mental health issues where it is deemed appropriate to inform parents, the school are sensitive in their approach. The school always highlight further sources of information and give the parents/carers leaflets to take away where possible.

Mental health within PSHE
Our federation follows the *Jigsaw* PSHE Curriculum.

Dissemination, monitoring and review
The mental health and wellbeing policy is available to staff and parent/carers.

Appendix 1

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues[2]

- 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 (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (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 2

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.