Paganel Primary School

Mental Health Policy.

2022-2023

Policy Introduction

'Mental Health is defined as a state of well-being in which every individual recognises his or her own potential, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her own community' (World Health Organisation; WHO 2014)

At Paganel Primary School, we are committed to promoting positive mental health for all children. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By implementing practical, relevant and effective mental health procedures we can promote an emotionally and physically safe environment for pupils affected both directly and indirectly by mental ill health, thereby ensuring the best possible educational outcomes for every child.

We will ensure we are fulfilling our statutory duty to *'promote children's welfare and prevent concerns from escalating'* and 'preventing the impairment of children's mental health and physical health or development' (Keeping Children Safe in Education; Sept 2021).

Policy Aims

- Promote positive mental health for all children
- Develop resilience amongst children and raise awareness of resilience through a whole school approach
- Increase understanding and awareness of common mental health issues so that staff and children can take quick and effective action
- Create an awareness of how to take a graduated response to mental health issues

A Whole School Approach to Mental Health
This policy is shaped around the Public Health England 8 point model; Promoting children and young people's mental health and wellbeing, A whole school or college approach document. The policy also includes guidance from the Mental Health and Behaviour in Schools document (DFE 2018)

This policy is for all staff, including non-teaching staff and governors. It should be considered alongside the following relevant policies:

- Safeguarding policy
- Behaviour policy
- Anti-bullying policy
- Staff well-being policy
- First Aid policy
- SEND Code of Practice
- Confidentiality policy
- PSHE policy or curriculum statement

Staff Roles and Responsibilities

All staff have a responsibility to promote positive mental health. All staff must look out for early warning signs of mental health problems and ensure that children with mental health needs are provided with the support they need (see page 6 for list of possible warning signs). When appropriate, all staff are expected to make referrals to key members of staff who have the following specific roles:

- Senior Mental Health Lead. **Bethan Gingell and Claire McGettrick**
- Designated Senior Lead for Safeguarding. **Claire Ball and Bethan Gingell**
- PSHE lead or Head of PSHE. **Rebecca Palliser**
- Special Educational Needs and Disabilities Co-ordinator (SENDCO). **Claire Ball**
- Pastoral staff with responsibility for mental health. **Claire McGettrick**
- Designated governor for mental health. **Sarah Dargavel**

If any member of staff is concerned about the mental health of a child, they should discuss this with a Senior Mental Health Lead and follow the schools confidentiality policy. If, however there is a concern that the child is in imminent danger or harm, the schools' safeguarding procedures should be followed and the designated senior safeguarding lead should be notified. If the child is presenting as needing immediate medical care, relevant first aid procedures should be followed, including involving the emergency services where necessary.

Curriculum

The school will deliver a curriculum which will help children to understand and regulate their emotions and have a good understanding of what keeps them mentally and physically healthy. They will also learn about the importance of sleep, exercise and eating healthily, how to understand and manage emotions, and how to access support as part of developing resilience. (For further detail please see the PSHE policy). Cohort specific worries and concerns will be included into Personal Social and Health Education (PSHE) and Relationships, Sex and Health Education (RSE). As well as curriculum opportunities, school will use the assembly programme to promote good mental health, resilience and raise awareness of what is available to children and parents to support their own well-being. This will also be promoted via the school's website and fortnightly newsletters.

We believe personal development is at the heart of resilience and confidence, the school will ensure children are encouraged to be involved in personal development opportunities and school projects. The school will ensure that all relevant staff have had training on how to teach mental health and relationships, sex and health education confidently.

Current school staff trained within Mental Health First Aid.

Bethan Gingell
Claire McGettrick
Sam Hart

Further relevant information is available for staff and parents on key aspects of spotting the signs of mental health difficulties and how to promote good mental health on the school's website.

Whole school Ethos and Environment

Positive classroom management and an emotionally safe classroom are part of a healthy whole school ethos and help to promote good behaviours. All staff will ensure that **the welfare and safety of the children are a priority, and we will make reasonable adjustments to the environment in order for pupils who may be struggling with their mental health to succeed both academically and personally**.

Schools should be a safe and affirming place for children where they can develop a sense of belonging and talk openly about mental health. Our school will create an environment which prevents and tackles bullying, along with setting out a clear system of rewards and sanctions.

All staff have a responsibility to promote positive mental health, and to understand the protective and risk factors which are believed to be associated with mental health outcomes. Some pupils will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that a child with mental health needs get early intervention and the support they need. This includes understanding the cumulative effect of risk factors and the protective factors which support good mental health (see appendix A).

Early indicators of possible mental health problems

All staff need to be aware of the potential early indicators of mental health issues. Negative experiences and distressing life events can affect mental health and can change a child's behaviour or levels of distress. These early indicators should always be taken seriously and staff who notice these signs should speak to the Designated Senior Lead for Mental Health.

Possible warning signs include:
- Changes in activity and mood; sadness or withdrawal that lasts at least two weeks or severe mood swings
- Increased isolation away from friends or family or becoming unusually socially withdrawn
- Physical signs of harm that appear non-accidental
- Changes in eating habits including excessive unexplained weight loss or weight gain
- Changes in sleeping habits
- Lowering academic achievement
- Repeated lateness or absence from school
- Repeated physical pain or nausea with no evident cause
- Secretive behaviour
- Missing Physical Education or getting changed secretively
- Fearful, withdrawn and poor self-esteem
- Aggressive, coercive, or controlling behaviour

- Indiscriminate contact or affection seeking
- Over friendliness or excessive clinginess
- Expressing feelings of failure, uselessness or helplessness
- Unwilling to talk about feelings
- Finding it hard to concentrate

Managing Disclosures

When a child chooses to disclose concerns about themselves, or a friend to any member of staff, the member of staff should remain calm, supportive and non-judgemental. The adult should listen rather than advise in the first instance. All disclosures will be recorded through normal safeguarding procedures via MyConcern. This information will be shared with accessed by the Mental Health Leads for the School.

Targeted Support

We understand that some children are at a greater risk of experiencing poorer mental health. For example, looked after and previously looked after children, children on Child Protection Plans, Children in Need, families living in poverty, young carers, pupils who identify as LGBTQ+ and those children identified to have a Special Education Need. We ensure those children more at risk of mental health difficulties are provided with in-school support and interventions through teaching staff and the pastoral team.

For children whose persistent mental health difficulties mean they would benefit from support from the SEND department, the SENDCO will ensure colleagues understand how the school identifies and meets the child's needs, provides advice and support to colleagues as needed and liaises with external SEND professionals as necessary.

We will effectively engage with our local early help offer and display relevant sources of effective, evidence-based services and organisations both locally and nationally. The promotion of these services will be through the school website, newsletters, noticeboards and staff room.

Within the schools local area, there are a range of organisations and groups offering support, including Forward Thinking Birmingham and other providers specialising in providing support for children's mental health and well-being.

Further support services include:
- Pause's Digbeth Hub
- Birmingham Healthy Minds
- Birmingham and Solihull Mental Health NHS
- CAHMS – Children and Adolescent Mental Health Services.
- Malachi Specialist Family Support Service
- Birmingham Children's Trust
- Healthy Mind Centre

- Birmingham Mind
- The Waiting Room – online signposting support

Identifying Need and Monitoring impact

When a member of staff suspects that a child is struggling with their mental health, the school's Mental Health Lead's should not delay in putting support in place, using a graduated response:

1. An assessment to establish a clear analysis or the child's needs. The will be completed via the use of SDQ's (Strengths and Difficulties Questionnaires) in which members of the Pastoral Staff are trained to use.
2. A plan to set out how the child will be supported
3. Action to provide that support, including where necessary, creating an individual care plan
4. Regular review of the effectiveness of support

The Senior Mental Health Lead and/other organisations will advise appropriate staff on what support and assessment will be most appropriate for the child. This will be discussed within the school's pastoral meetings that are held fortnightly.

In order to support the wellbeing and mental health of all children and not wait for crisis, we use the 3 houses document. We use this to gain an understanding of all children's mental health, any potential unknown risks factors, historical adversity and any initial difficulties which could be managed and supported.

Assessment, interventions and support
The school will use SDQ'S, reports from other professionals and following discussions with parents and adults within school when considering the needs of a child and to ensure they get the support they need, either from within school or from an external specialist service. Children of concern will be discussed within pastoral meetings in which the necessary intervention and support will be allocated.

The support and interventions that we offer within school are:

- Drawing and Talking
- Dog Therapy
- Learning Mentor Support
- Social Group Interventions
- Check in and Check outs
- Anger Management Interventions
- Varied range of SEMH interventions appropriate to the pupils needs.
- Zones of Regulation Lessons
- Bereavement work
- Beacon Behaviour workshops

- Sports Coaching
- Key adult allocated support
- In School family support worker
- In school attendance officer
- One Page Profiles
- Time out passes
- In school Resource Base provision

At Paganel Primary School, our graduated response is:

Need	Evidence based intervention	Monitoring
High Need	E.G. Educational Psychologist involvement, external services, Local Mental Health Services such as Forward Thinking Birmingham Statutory services	SDQ Mental Health safety plan Further reports from the evidence based interventions.
Some Need	E.G. Access to in school Learning Mentor, small group work, 1:1 intervention, in school councillor, in school art therapy (Drawing and Talking), in school dog therapy, Mental Health Support Team Consultation with local services	Weekly DSL Safeguarding/Mental Health meeting/Pastoral meeting Vulnerability map/online safeguarding system
Low Need	E.G. Watching brief, check-ins with pastoral member, class teacher, teaching assistant. Safe space when need, targeted clubs and activities at unstructured times i.e. lunchtime clubs.	Discussion with staff MyConcern

Individual Safety/Care Plans

When a child has been identified as having a mental illness either through a diagnosis, receiving support from specialist mental health services or following a suicide attempt, it is recommended that an individual safety/care plan is developed. The plan should be developed with the child, a parent or carer and if possible relevant professionals.

The plan could include:
- Information relating to the child's diagnosis or presenting issue
- Strategies and support which helps prevent further impairment of pupil's mental health and keeping the environment safe
- Medication
- Who to contact in an emergency
- The role of specific staff within the plan

Supporting Peers
When a child is struggling with maintaining good mental health it can be helpful if their friends know how to support them. In certain circumstances as determined by the pastoral team, support will be either one to one or within a group setting where children will be provided with some ideas and suggestions how they might best support. This will be done with agreement from the child and parents where appropriate. Conversations with the child could be around:

• How friends can best support
• Things friends should avoid doing / saying which may inadvertently cause upset
• Warning signs that their friend needs 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

Working with parents

Many children and families are not always aware of the mental health support available or what is the most useful resources to support their child's mental health. Information on school based and local services will be available on the school website and through newsletters. Furthermore, parents should be made aware of who to talk to in school if they have concerns about their child or a friend of their child.

It is good practice to inform and involve families when discussing any initial concerns about a child, being mindful that hearing about their child's issues can be upsetting and distressing. They may respond in different ways, and we must allow time for them to reflect and discuss issues further. Signposting parents to good sources of information and support can be helpful in these instances, including a follow up meeting.

Ensure meetings are recorded, including points discussed and agreed and any follow-up discussions which are part of their safeguarding record or in the development of an individual care plan.

Parental Consent

Children under the age of 16 need consent from a parent or carer to access treatment or interventions. However, in some circumstances a relevant medical professional may deem that the child has sufficient intelligence, competence and understanding to appreciate what is involved in their treatment. This is known as being 'Gillick Competent'. Children aged 16 or over are presumed capable of consenting to their own medical treatment and any procedures involves in treatment. This is by virtue of section 8 of the Family Law Reform Act 1969.

Confidentiality

As part of taking a whole school approach to mental health, it may be important to share with other members of staff information about a child. This does need to be discussed with the child; we will explain who we are going to talk to, what we are going to tell them and why we need to tell them and agreed next steps. The information shared must not then be shared with others within the school, this is in accordance with the school's policy. The information will be shared by a member of the pastoral team or by the Mental Health Leads **'ON A NEED TO KNOW BASIS'.**

Sharing disclosures with the senior mental health lead and pastoral team ensures one member of staff is not solely responsible for a child. This also ensures continuity of care should there be a staff absence.

Policy Review

This policy will be reviewed every year as a minimum. The next review date is September 2023.

In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of the Senior Mental Health Leads.

Any personnel changes will be implemented immediately.

APPENDIX A

Mental Health and behaviour in Schools (Nov 2018); Department for Education

Table 1: Risk and protective factors that are believed to be associated with mental health outcomes

	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

	Risk factors	Protective factors
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