Tysoe CE Primary School

Positive Mental Health and Wellbeing Policy

Purpose

This policy details how we will support the positive mental health and well-being of our School Community, including staff, children and their families, through a whole school approach.

We are a welcoming and inclusive school, that aims to support all children to flourish. Our vision is derived from the parable of The Mustard Seed – from a tiny seed, a community was able to grow and flourish, nurturing and serving others, and providing a place of love and learning. We recognise that every child is a unique part of our school community and for each child to flourish, we believe that nurturing their positive mental health and well-being is as important as supporting their academic progress.

This policy links to the following policies;

- Child Protection and Safeguarding Policy
- PSHE Policy
- Anti-bullying Policy
- Health and Safety Policy
- Behaviour and Relationships Policy
- OPAL Play Policy
- Inclusion Policy

Our policy is informed by The Equality Act 2010, Mental Health and behaviour in schools (DfE Nov 2018) and Promoting children and young people's mental health and wellbeing – Public Health England, Children & Young Peoples Mental Health Coalition.

The UN Convention on the Rights of the Child, with particular reference to articles 3, 12, 24.

Key Aims

- To support and promote positive mental health and emotional well-being for our whole school community.
- To increase understanding and awareness of common mental health issues through training and supporting all staff to understand mental health issues and spot early warning signs to help prevent mental health problems becoming worse.
- To identify and support children and their families with mental health needs.
- Enable staff to understand how and when to access support; both for themselves and children who may have mental health issues.

- To signpost children, parents, carers and families to the advice and support they may need with regard to their children's mental health and wellbeing and that of their own.
- Develop resilience amongst children and raise awareness of resilience building techniques, creating a safe and nurturing environment for all.

The School/Governing Body Roles and Responsibilities

All staff have a responsibility to promote positive mental health and well-being, and to understand about protective and risk factors for mental health. Staff will be equipped with the skills to look out for early warning signs of mental health problems and ensure that children with mental health needs get early intervention and any support they need.

Some children may require additional help and staff understand possible risk factors, Adverse Childhood Experiences and other events that make some children more likely to experience problems.

Some staff have additional duties to lead on mental health and wellbeing in school. These members of staff include:

- Headteacher
- Designated Safeguarding Lead (DSL)
- Mental Health Lead (SMHL)
- Special Educational needs co-ordinator (SENCO)
- Family Liaison Officer (FLO)
- Mental Health First Aider

They are responsible for:

- Leading and working with all members of staff to coordinate a whole school approach to promote positive mental health.
- Providing advice and support to all staff
- Providing and organising training and updates.
- Keeping staff up-to-date with information about what support is available.
- Liaising with the PSHE Lead on teaching mental health.
- Being the first point of contact and communication with mental health services and Schools Mental Health Team.
- Leading on and making referrals to services.

Section 1: Supporting Children's Positive Mental Health

Tysoe CE Primary School has a key role in promoting children' positive mental health and helping to prevent mental health problems.

There are clear links with the Behaviour and Relationships Policy because we believe that behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, could be related to an unmet mental health need.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals.

Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs and their families.

Support includes:

- Designated Safeguarding Lead
- Mental Health Lead
- Nurture Provision Lead
- Support staff to manage mental health needs of children
- SENCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including children whose mental health problems mean they need special educational provision.
- RISE – NHS services providing emotional wellbeing and mental health services to support and enable staff to manage mental health needs of children.
- Mental Health Schools Team (MHST) and Connect for Health to provide group work and support for child/Parent/carers and staff
- Educational Psychologist

Our school has a **whole school approach** and supports well-being through a range of strategies and approaches including;

- Dedicated Senior Mental Health Lead with a strategic oversight of the whole school approach to mental health and well-being.
- Mental Health Wellbeing focus embedded throughout the school ethos and PSHE curriculum.
- Encouraging positives relationships so children can be aware of trusted adults around them and where to find support.
- Assembly and calendar of Mental Health and Wellbeing themes.
- Using reading and books to explore themes including emotions, difference, loss, bullying, change and resilience.
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school.
- Playtime and lunchtime support through Lunchtime Club, choir and other clubs and activities.

- OPAL Primary Playtime programme, improving behaviour and well-being of all children.
- The Den, Nurture room, for those children who are finding the classroom overwhelming.
- The Hub, breakout space, for those children needing movement breaks, access to sensory activities and small group intervention.

Individual and Small Group Activities

- Nurture groups
- Drawing and Talking Therapy
- Sensory Morning tasks
- Lunchtime Club

Pupil-led Activities

We believe that involving children in decisions that impact on them benefits their mental health and well-being. It helps them feel part of the school and wider community by having some control over their lives and will help develop their personal and social capabilities.

- Involvement in promoting campaigns and delivering assemblies to raise awareness of mental health.
- Access to quiet, calm spaces both indoors and outdoors.
- Options to join clubs at lunchtimes as well as accessing the playground.
- Leading planning and development of OPAL to improve play opportunities.

Transition Support to include

- Transition Workshops across Year 6 in the Summer Term and other opportunities for relevant mental health workshops for children / staff / parent / carers throughout the year.
- Transition meetings with parent/carers, children and relevant staff.
- Key Adults might support secondary school visits with vulnerable children.
- Speech and Language Transition groups.
- ASD outreach transition support for parents and children with autism diagnoses.
- Fosse MAT Jamboree for Year 6 children from the Fosse family to meet and get to know one another, as well as opportunities to meet key secondary staff in attendance.

Class Activities

- All classes have an appropriate system in place for children to communicate their well-being. This encourages them to recognise and identify their feelings and talk to a trusted adult about them.
- Mindfulness and breathing techniques in class.
- Classroom scripts and signposting to calm corner.
- Sporting activities, yoga.
- Age-appropriate pupil mental health surveys.

Teaching about Mental Health and Emotional Well-being

Throughout the school we use Kapow Primary. This framework includes the statutory Relationships and Health Education. Refer to PSHE Policy for full details.

We teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

We support this using other resources such as those from Mentally Healthy Schools and The Anna Freud Centre.

Targeted Support and Working with Specialist Services

We recognise that some children are at greater risk of experiencing poorer mental health and in some cases a child's social, emotional and mental health needs require support from a specialist service.

All concerns are reported to the Mental Health Lead/Senior Leadership Team who will assess the needs for each individual child to ensure that they get the support they need, either from within the school or from an external specialist service.

Warning Signs and Early Identification amongst children

Early intervention to identify issues and provide effective support is crucial.

All staff receive training on the protective and risk factors, types of mental health needs and signs/symptoms that might mean a pupil is experiencing mental health issues.

Any member of staff concerned about a pupil will take this seriously and talk to the Mental Health Lead/SENCO/Head/ Designated Safeguarding Team.

If there is a concern that a pupil is in danger of immediate harm then the school's Safeguarding Policy is followed.

Through a range of processes, we aim to identify children with mental health needs as early as possible in order to respond to them promptly. This includes:

- Through staff observations and these concerns reported to the Mental Health Lead/Head/SENCO and Designated Safeguarding Team.
- Disclosure from a pupil, whether about themselves or another pupil.
- Analysing behaviour, exclusions, attendance, cause for concern reports.
- Transition visits and meetings for Foundation Stage children.
- Induction meetings for children / families joining after the Reception year.
- Pupil surveys.
- Weekly staff meeting where staff can raise concerns about individual children.
- Gathering information from a previous school at transfer or transition.
- Open Door Policy, enabling parents and carers to raise concerns through the school class teacher or to any member of staff.
- Meetings with outside support services such as RISE, MHST, Connect for Health and/or Educational Psychologist.

Managing Disclosures by Children

The emotional and physical safety of our children is paramount. Staff understand the importance of being calm, supportive and non-judgmental to children who verbally disclose a concern about themselves or a friend.

Staff listen and make it clear to children that their concern will be shared with the Designated Safeguarding Team and recorded in accordance with our school policy.

Staff are also incredibly vigilant in recognising changes in children's behaviour which could be a sign of an unmet mental health need.

All disclosures will be treated in confidence and we will follow the Child Protection and Safeguarding Policy.

Section 2: Supporting the positive mental health and wellbeing of Parents and Carers

We recognise the family plays a key role in influencing children and young people's mental health and wellbeing. Parents and carers have an important role in promoting and supporting their children's mental health.

We aim to offer well implemented universal and targeted interventions to support parenting and family life.

We will also be considerate to the barriers that may face some of our parents/carers/families when engaging with them, to ensure our setting is accessible to everyone and that the support we offer represents all needs.

Our support includes:

- Organising a range of wellbeing workshops accessing expertise from outside support services. This includes topics such as anxiety, emotional regulation and sleep.
- Highlighting sources of information to promote positive wellbeing and about common mental health issues through our Reach More Parents app and on our website.
- Having an Open-Door policy.
- Supporting parents and carers of children with mental health needs through sensitive and supportive regular meetings and signposting to specialist services.
- Designated Family Liaison Officer, who works closely with other Health Care Professionals.

Section 3: Supporting staff to understand positive mental health and well-being

We recognise that a healthy happy workforce is required to deliver the best education for all our children. We will support and promote all staff having an understanding of good mental health and wellbeing, to enable them to best support our children and their families.

We offer the following to support our staff's training and understanding of positive mental health:

- Train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems becoming worse.
- Acknowledge the need for leadership (including the Local Governing Committee), unions/staff representatives and staff to discuss positive mental health and well-being.
- Include a monitoring, evaluation and review mechanism, linked to performance management and the school improvement plan, for ongoing training, initiatives and strategies supporting positive mental health and well-being.
- Designated Mental Health Lead as point of contact for all staff.
- Conduct a well-being and mental health audit and regular staff surveys where staff can anonymously share ideas and views for school improvement and practices as well as training.

This policy has been produced by the Senior Mental Health Lead, the SENCo, and the Family Liaison Officer. It will be reviewed annually unless an earlier review is deemed necessary.

Last reviewed: January 2025

Appendix 1 - Early Intervention

Department for Education, Mental health and behaviour in schools, November 2018, page 6)

1.2 Early intervention to identify issues and provide effective support is crucial. The school role in supporting and promoting mental health and wellbeing can be summarised as:

• Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping children to be resilient so that they can manage the normal stress of life effectively. This will include teaching children about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;

• Identification: recognising emerging issues as early and accurately as possible;

• Early support: helping children to access evidence based early support and interventions; and

• Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

Appendix 2 - Factors that put children at risk.

Department for Education, Mental health and behaviour in schools, November 2018, page 13-15)

Risk and protective factors

Factors that put children at risk

3.7 Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. These risk factors are listed in table 1.

3.8 Risk factors are cumulative. For example, children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems (19).

Longitudinal analysis of data for 16,000 children suggested that boys with five or more risk factors were almost eleven times more likely to develop conduct disorder under the age of ten than boys with no risk factors. Girls of a similar age with five or more risk factors were nineteen times more likely to develop the disorder than those with no risk factors (20).

18 Behavioural and emotional alerting features for abuse and neglect are set out in the NICE guideline on abuse and neglect 19 Brown, E., Khan, L. and Parsonage, M. (2012) A Chance to Change: Delivering effective parenting programmes to transform lives. Centre for Mental Health 20 Murray, J. J. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. Journal Of Child Psychology & Psychiatry, 51(11), pp 1198-1207

Appendix 3 - Table of risk factors

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

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	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

Appendix 4 - **Adverse Childhood Experiences (ACEs) and other events that may have an impact on children**

3.17 The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in children' lives. These include:

• loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted, deployment of parents in armed forces families;

• life changes – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form;

• traumatic experiences such as abuse, neglect, domestic violence, bullying, violence, accidents or injuries; and

• other traumatic incidents such as a natural disaster or terrorist attack. Some groups could be susceptible to such incidents, even if not directly affected. For example, schools should ensure they are aware of armed forces families, who may have parents who are deployed in areas of terrorist activity and are surrounded by the issues in the media.

3.18 It is important that schools provide support to children at such times, including those who are not presenting any obvious issues. Providing early help is more effective in promoting the welfare of children than reacting later, and can also prevent further problems (including mental health problems) arising. Further guidance on early help can be found in 'Working together to Safeguard Children' statutory guidance (25).

3.19 This support may come from existing provision within the school, or it may require the involvement of specialist staff or support services, such as the school nursing service. Further information about how to support individual children through difficult events, and on whole school trauma and attachment awareness informed approaches, can be found in Chapter 5.

(25) https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Appendix 5 - Signs of child mental health issues

Source - learning.nspcc.org

There are ways you can identify if a child needs support with their mental health.

By being attentive to a child or young person's mood and behaviour, you can recognise patterns that suggest they need support.

Common warning signs of mental health issues include:

- Sudden mood and behaviour changes
- Self-harming
- Unexplained physical changes, such as weight loss or gain
- Sudden poor academic behaviour or performance
- Sleeping problems
- Changes in social habits, such as withdrawal or avoidance of friends and family.

These signs suggest that a child may be struggling, but there could be a number of different explanations for them.

Don't attempt to diagnose mental health issues yourself or make assumptions about what's happening in a child's life.

Recognising that a child or young person may be struggling with their mental health is the first step in helping them. The next step is to respond appropriately.