Streetsbrook Infant & Early Years Academy

Mental Health and Wellbeing Policy

Streetsbrook Infant & Early Years Academy

At Streetsbrook, we strive to provide an equal chance for all to become responsible citizens who lead happy and fulfilled lives, and are equipped with the skills and abilities to shape the world they live in.

Our values are:

Desire to Learn

To enjoy the lifelong process and challenge of learning; alone and with others

Love and Respect

To have respect for ourselves, others and the environment, recognising and celebrating individual lifestyles, cultures and faiths

Happiness

Developing successful relationships where individuals can build and follow their dreams

Confidence

Having the self-belief to embrace and follow your own choices.

Being a Good Citizen

Making a positive contribution to communities on a local and global scale

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INTRODUCTION

'Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.' (World Health Organization)

Prevalence of Mental Health and Emotional Wellbeing Issues

- one in six school-aged children has a mental health problem, which is five children per class of thirty. This is an alarming rise from one in ten in 2004 and one in nine in 2017 (NHS Digital, 2020)
- among 5-10 year olds, 10% of boys and 5% of girls had a mental health problem, whilst amongst 11-16 year olds the prevalence increases to 13% for boys and 10% for girls (Hays Education, 2021)
- 50% of all mental health problems start by the age of 14 (Children's Society website, 2021)
- among those ages 5 to 10 years, 52.5% with a probable mental disorder reported having sleep problems (NHS Digital, 2020)
- children and young people are more likely to have poor mental health if they experience some form of adversity, such as living in poverty, parental separation or financial crisis, where there is a problem with the way their family functions or whose parents already have poor mental health (Bright Futures: CAMHS, 2021)
- more than 338,000 children were referred to CAMHS in 2017, but less than a third received treatment within the year (Bright Futures: CAMHS, 2021)

Due to the many factors mentioned above, there is an increasing focus on mental health being put on a par with physical health across all sectors of health and social care. Throughout their life, a person's position on the 'Mental Health Continuum' can vary, see Appendix (i).

Positive mental health is when a person is able to deal with things that life throws at them and learns from the experiences. At Streetsbrook, we aim to promote positive mental health for every member of our staff and all children. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable children.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for children affected both directly and indirectly by mental ill health.

SCOPE OF POLICY

This document describes the academy's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

When considering the mental health and wellbeing of a child, this policy should be read in conjunction with our Supporting Children with Medical Needs Policy in cases where a child's mental health overlaps with, or is linked to, a medical issue and our Inclusion Policy where a child has an identified Special Educational Need or Disability.

When considering the mental health and wellbeing of an employee, this policy should be read in conjunction with our Employee Health and Wellbeing Policy.

POLICY STATEMENT

This 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 children with mental health issues
- provide support to children suffering mental ill health and their peers and parents/carers

ROLES AND RESPONSIBILITIES

The Governing Body

The Governing Body must:

- ensure that the policy is communicated to all staff and implemented at the school
- ensure that the Headteacher, or an appropriate and suitably trained senior member of staff, carries out their responsibilities in accordance with the policy
- actively support the Headteacher and all staff with their mental health and well-being as appropriate
- ensure that this is a standard agenda item at Personnel Committee Meetings

Staff

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

- Louise Minter – Headteacher, Designated Safeguarding Lead (DSL), Mental Health First Aider, sits on the LA's Mental Health Transformation Board and Chairs the Health and Well-Being in School's Group
- Hannah Cooper – SENCO, Senior Mental Health Lead
- Elspeth Miller – Deputy Headteacher, Designated Safeguarding Lead (DSL), CPD Leader
- Louise Dorow - Mental Health First Aider and Lead for PSHE
- Claire Attenborrow - Mental Health First Aider
- Grace Loran - Mental Health First Aider
- Jade Taylor - Designated Safeguarding Lead (DSL)

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the Mental Health First Aiders in the first instance. If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead, or the Headteacher. If the child 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.

Please note that support relating to staff absence due to mental ill health is contained within the relevant HR policies and procedures.

TEACHING ABOUT MENTAL HEALTH

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum, Jigsaw. Additional lessons may be planned and taught where necessary, depending upon the needs of the cohort.

In addition to building resilience and inner strength, one of the key aspects of the Jigsaw programme is that of 'mindfulness'. Each lesson, and some whole-school assemblies, begin with an opportunity to practice mindfulness through 'Calm Me' time.

The specific content of lessons will be determined by the needs of the cohort being taught but there will always be an emphasis on enabling children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. Further information can be found within the PSHE Policy.

There is also a focused Mental Health and Wellbeing Day with a differing focus theme that occurs once a year.

THE SMILE APPROACH

SMILE is an approach to support the mental health and wellbeing of pupils and staff, and is based on the NHS 5 Ways to Mental Health and Wellbeing.

- **Social (S)** – connect with the people around you! This could be your family, friends, colleagues and neighbours. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

- **Move (M)** – be active! You don't have to go to the gym. Take a walk, go cycling, garden, dance, or play a game of football. Exercising makes you feel good. Most importantly, discover a physical activity that you enjoy and one that suits your level of mobility and fitness.

- **Interest (I)** – take notice! Be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this 'mindfulness'. It can positively change the way you feel about life and how you approach challenges. Reflecting on your experiences will help you appreciate what matters to you.

- **Learn (L)** – keep learning! Learning new skills can give you a sense of achievement and a new confidence. Try something new, rediscover an old interest, sign up for a new course, learn to play an instrument, or how to cook your favourite food. Set a challenge that you will enjoy achieving. Learning new things will make you more confident, as well as being fun.

- **Engage (E)** – give to others! Do something nice for a friend, or even a stranger. Even the smallest act can count, whether it is a smile, a thank you or a kind word. Larger acts, such as volunteering at a local community centre, can improve your mental wellbeing and help you to build social networks.

Streetsbrook implemented this approach in 2018-19, as part of the research project led by Forest Oak and Merstone Special Schools.

As stated above, physical activity is an important contributor to social wellbeing - especially confidence. Physical activity is often associated with positive social behaviour, such as being kind and attempting to resolve disputes with classmates. This is one of the many reasons we champion participation in physical activity, both in and out of school, through the 30:30 initiative. We also offer an additional PE intervention for children with mental health concerns.

WARNING SIGNS

Mental health often changes over time and in relation to different situations and life stages. Stress can be a significant contributing factor to people's mental health, and this can be illustrated through the analogy of a 'stress bucket', which is filled with different stressors. Further information regarding the 'stress bucket' and different coping mechanisms can be found in Appendix (ii).

School staff may become aware of warning signs which indicate a child 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 one of our Mental Health First Aiders or the appropriate DSL.

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
- 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
- repeated physical pain or nausea with no evident cause
- an increase in lateness or absenteeism

MANAGING DISCLOSURES

A child 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.

Streetsbrook have a number of trained Mental Health First Aiders, who follow the ALGEE approach of:

A - Ask/Assess/Act
L – Listen, non-judgmentally
G – Give reassurance and information
E – Enable professional help
E – Encourage self-help.

If a child 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 child's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded in writing on a Mental Health Disclosure Form and held on the child's confidential file, see Appendix (iii). 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 one of the Mental Health First Aiders, who will store the record appropriately and offer support and advice about next steps.

When considering the mental health and wellbeing of an employee, please refer to the Employee Health and Wellbeing Policy.

CONFIDENTIALITY

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

- 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 child 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.

It is always advisable to share disclosures with a colleague, usually one of the Mental Health First Aiders. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child; it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

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.

WORKING WITH PARENTS FOLLOWING A DISCLOSURE

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 child, other members of staff.
- what are the aims of the meeting?

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

We should always highlight further sources of information, 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 step and always keep a brief record of the meeting on the child's confidential record.

WORKING WITH ALL PARENTS

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. To support parents, we will:

- highlight sources of information and support about common mental health issues on our school website and ensure this is regularly updated
- ensure that all parents are aware of who to talk to, and how to get 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 via the academy's website
- share ideas about how parents can support positive mental health in their children through our regular information evenings
- keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

SIGNPOSTING

We will ensure that staff, children and parents are aware of sources of support within school and in the local community. In addition to our website, the support available within our school and local community, who it is aimed at and how to access it is outlined in Appendix (iv).

We will display relevant sources of support in communal areas such as the Inclusion Room, corridors 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 help-seeking by ensuring people understand:

- what help is available
- who it is aimed at
- how to access it
- why to access it
- what is likely to happen next

SOLAR CAMHS

Solar is a combination of Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands, who work together to provide emotional wellbeing and mental health services for children and young people in Solihull. They provide multi-disciplinary assessment and treatment of children and young people with mental health or severe emotional and behavioural difficulties. The service currently accepts children and young people, until their 19th birthday, who are residents in the borough of Solihull, go to school or college in the Solihull borough, or have a Solihull GP. Whilst parents/carers can self-refer via their website, in the majority of cases where it is felt that a referral to SOLAR is appropriate, this will be led and managed by Hannah Cooper, SENCO. For more information about the service, and how to make a referral, please see Appendix (v).

TRAINING

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep children safe. Training opportunities for staff who require more in-depth knowledge will be considered as part of the appraisal cycle and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more children. Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Elspeth Miller, our CPD Leader, or with one of our Mental Health First Aiders, who may also highlight sources of relevant training and support for individuals as needed. For example, there are an increasing number of websites that provide free online training suitable for staff wishing to know more about a specific issue.

POLICY REVIEW

This policy will be reviewed every 3 years as a minimum. It is next due for review in Spring, 2025.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Louise Dorow, our PSHE Leader via phone 0121 7445245 or email office@streetsbrook.solihull.sch.uk

This policy will be updated immediately to reflect any personnel changes.

This policy was ratified by the Curriculum and Standards Committee of the Governing Body on 8 March 2022.

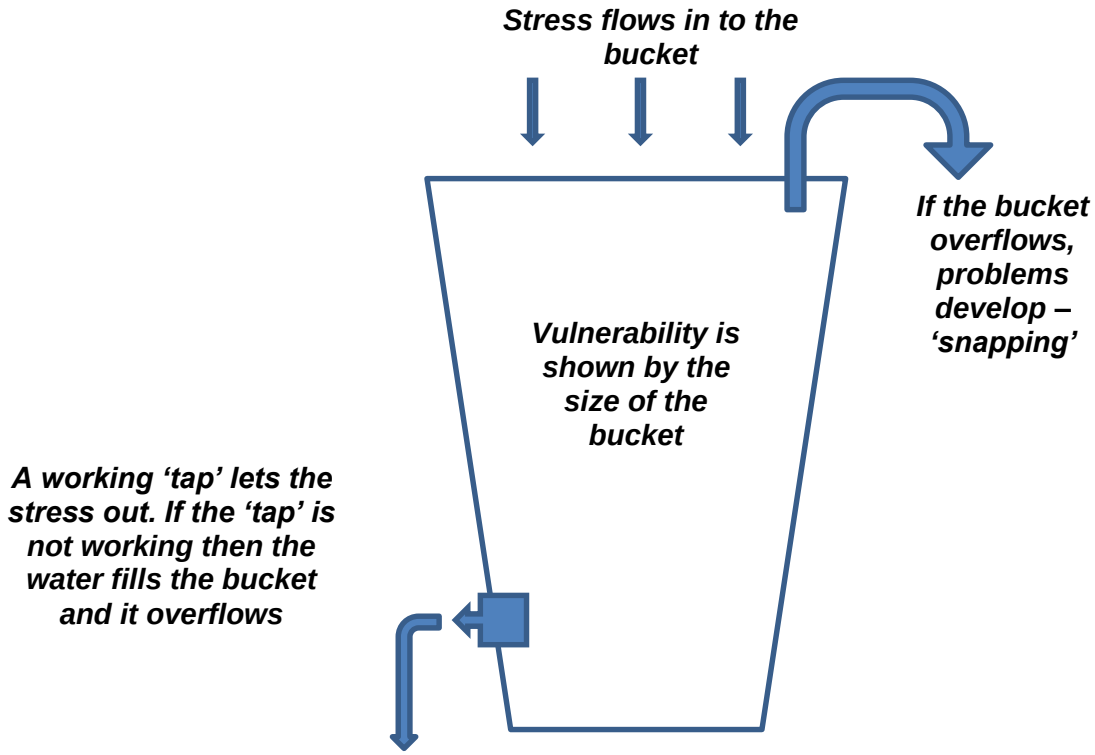
Signed: ……..…… Chair

Signed:…… …… Headteacher

Appendix (i) – Mental Health Continuum

Appendix (ii) – The Stress Bucket and Different Coping Mechanisms
(Source: Brabban and Turkington, 2002)

Mental health changes over time and in relation to different situations and life stages.



Helpful and Unhelpful Coping Strategies

People react differently to stressful situations. Following is a list of what could be considered to be helpful coping strategies when the stress bucket is full. Try to be honest with yourself and check the appropriate response for each of these. If there are other helpful ways that you deal with stress, please write them at the bottom of the list.

Response	***Never***	***Sometimes***	***Often***
Meditate and engage in relaxation			
Stretch			
Exercise			
Listen to music			
Rest, get a good amount of sleep			
Watch television			
Go to the cinema			
Read			
Work on puzzles or play games			
Go for a walk			
Go to a health club			
Relax in a steam room or sauna			
Create a schedule and prioritise work			
Participate in some form of recreational activity			
Engage in creative self-expression (e.g. drawing, painting)			
Spend time outside or in the garden			
Socialise with friends			
Talk to people			

Engage in a hobby			
Other (please state)			

Appendix (iii)

Streetsbrook Infant & Early Years Academy

Mental Health Disclosure Form

Name of Child:	
Date:	
Name of staff member to whom the disclosure was made:	
Main points from the conversation:	
Agreed Next Steps:	

Appendix (iv) - Further information and sources of support about common mental health issues

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 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).

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support
SelfHarm.co.uk: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk

Books
Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support
Depression Alliance: www.depressionalliance.org/information/what-depression

Books
Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support
Anxiety UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix (v) – Solar CAMHS

SOLAR work in many different ways with young people, depending on their needs.

- They support teachers, youth workers and people working with young people by offering support and training on how to spot mental health difficulties.
- They employ specialist mental health workers to work with children and young people with mild or moderate mental health difficulties.
- Their psychologists, psychiatrists, therapists, social workers and community nurses provide more specialist services. These professionals work with children and young people with complex mental health difficulties
- They also work with and support children and young people who may need very specialist treatment, which could involve hospital care.

Solar supports the following outcomes for children young people and their families and carers:

- Improved emotional wellbeing and mental health for children, young people and their carers so that they are more resilient, able to manage their mental health needs and have a life which is not defined by their mental illness.
- Children and young people with emotional wellbeing and mental health needs are identified early and supported in community settings including schools, reducing the need for access to more specialist mental health services.
- Children and young people receive mental health services locally, within their own community and close to home, and do not need to be admitted to inpatient services.
- Young people experience a seamless transition to adult services.
- Parents and carers promote the emotional wellbeing of their children.
- Children, young people and their carers feel well informed and supported.
- Parents and professionals in universal services such as schools and primary care feel more confident about responding to emotional wellbeing needs and are clear about when and how to refer on for additional help.
- Improved outcomes for children and young people who are looked after and adopted through reduced placement disruption and breakdown.
- Children, young people and families design and influence the arrangements for emotional wellbeing and mental health services.

How to make a referral

Referrals should be made in writing using the Solar CAMHS referral form on their webpage (https://www.bsmhft.nhs.uk/our-services/solar-youth-services/professional/referrals/). It is important that the form is completed with as much detail as possible and that the person with parental responsibility consents to the referral unless there are exceptional circumstances. A duty worker is available weekdays between 9am and 5pm (apart from bank holidays) to discuss potential referrals: Contact number: 0121 301 2768

Consultation advice can be provided rather than direct assessment/intervention for cases where a mental health perspective will compliment work already in progress, or where there is professional anxiety or uncertainty whether referral to specialist CAMHS is appropriate.

Solar work with Children and Young People aged 0-19 years who have an identified Mental Health Concern. If a person is aged 18 years and 6 months or over, the referral should be directed to Adult Mental Health Services through the Trust's 'Single Point of Access'.

Other services

If you do not feel the child or young person needs are severe or complex enough for a referral to secondary mental health services, you may consider these alternative primary care services below:

Specialist Inclusion Support Service (SSIS), Social Emotional and Mental Health Service - They offer support for children and young people with a range of special education needs or disabilities.

Autism West Midlands - They are the leading charity in the West Midlands for people with autism, who offer support and guidance for children with autism and their families.

Relate - The UK's largest provider of relationship support.

Engage - They provide a range of family support provision and activities to support children and young people with concerns around behaviour.

You may also liaise with Solar staff who will be able to give expert advice.

If you suspect the child or young person has a neurodevelopmental disorder such as ASD (autistic spectrum disorders) or ADHD (attention deficit hyperactivity disorder), referrals go directly to paediatricians for ADHD referrals, and ASD referrals go to the Meadow Centre. The team at the Meadow Centre provide specialist multidisciplinary coordinated assessment and support services for children with highly complex medical difficulties and neurodevelopmental difficulties that may indicate an autistic spectrum disorder.

Contact details for the Meadow Centre: The Meadow Centre, 36 Faulkner Road, Solihull, B92 8SY. Telephone: 0121 722 8010