The Stables Independent School
Mental Health and Well-Being Policy

This policy was written and approved by the Proprietors in Autumn term 2023.

It will be reviewed annually and approved by the Proprietors.

Mental Health & Well-Being Policy

1. Why Mental Health and Well-Being is Important

At our school, we aim to promote positive mental health and well-being for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health.

We recognise that children's mental health is a crucial factor in their overall well-being and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

All children go through ups and downs through their school career and some face significant life events. About 10% of children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships, and academic achievement.

The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupils' well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that pupils are able to manage times of change and stress with resilience, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do

to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and to be a school where:

· all pupils are valued

· pupils have a sense of belonging and feel safe

· pupils feel able to talk openly with trusted adults about their problems without feeling any stigma

· positive mental health is promoted and valued

· bullying is not tolerated

2. Purpose of the Policy

This policy sets out:

· how we promote positive mental health

· how we prevent mental health problems

· how we identify and support pupils with mental health needs

· how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse

· key information about some common mental health problems

· where parents, staff and pupils can get advice and support

3. Definition of Mental Health and Well-Being

We use the World Health Organisation's definition of mental health and wellbeing:

… 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 contribute to her or his community.

Mental health and well-being is not just the absence of mental health problems. We want all children/young people to

· feel confident in themselves

· be able to express a range of emotions appropriately

· be able to make and maintain positive relationships with others

· cope with the stresses of everyday life

- manage times of stress and be able to deal with change

- learn and achieve

4. Links to other Policies

This policy links to our policies on Safeguarding, Anti-Bullying & Behaviour and Relationships.

Links with the Behaviour and Relationship Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed, or otherwise, may be related to an unmet mental health need. We consider behaviour to be a message, an indicator of need.

5. A Whole School Approach to Promoting Positive Mental Health

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:

1. Creating an ethos with policies and behaviours that support mental health and resilience, that everyone understands

2. Helping pupils to develop social relationships, support each other and seek help when they need to

3. Helping pupils to be resilient learners

4. Teaching pupils social and emotional skills and an awareness of mental health

5. Early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services

6. Effectively working with parents and carers

7. Supporting and training staff to develop their skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues. We aim to be a 'talking school' with an 'Open Door Policy'.

6. Roles and Responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children 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 pupils with mental health needs access early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems; such as a physical long-term illness, having a parent who has a mental health problem, death, and loss, including loss of friendships, family breakdown and bullying. They also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

The school's Mental Health Team (SENCO, Designated Safeguarding Team, Mental Health Lead & Pastoral/Behaviour team):

· Leads on and works with other staff to coordinate whole school activities to promote positive mental health

· Provides advice and support to staff and organises training and updates

· Keeps staff up to date with information about what support is available

· Liaises with the Curriculum Leader on teaching about mental health

· Is the first point of contact and communicates with mental health services

· Leads on and makes referrals to services

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 pupils with mental health needs and their families. Support in school includes:

· DESTY

· THRIVE

· Therapy Dog

· SENCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision.

· Music Therapy Service

· Thrive Practitioners

· SENSI

· CAMHS core meetings to support staff to manage mental health needs of pupils

7. Supporting Pupils' Positive Mental Health

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including but not limited to:

· Assemblies to raise awareness of mental health

· Support for vulnerable children, for example, Speech and Language (SALT) support small group work such as Lego Therapy – we don't have anyone trained at the moment for this and Thrive sessions

· Pastoral and Behaviour Team available to talk to about any worries or feelings

· Trusted adults / attachment figures able to provide support in school

· Anxieties are noticed and strategies/interventions are put in place to reduce where possible

· Student council to voice pupils concerns or wishes

· Open door policy for staff and students to speak with SLT

· Trips & Offsite visits/activities to give positive experiences in the community

· A robust and targeted curriculum that is based on academic attainment as well as social and emotional development

· Social & Emotional Aspects of Learning (SEAL) resources

· A staff team that is well trained in attachment & trauma needs

· Transition support

· 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

Small Group Activities

Our approach is to:

· Provide a safe environment to enable pupils to express themselves and be listened to

· Ensure the welfare and safety of pupils is paramount

· Identify appropriate support for pupils based on their needs

· Involve parents and carers when their child needs support

· Involve pupils in the care and support they have

· Monitor, review and evaluate the support with pupils and keep parents and carers updated

8. Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

· Identifying individuals who might need support

· Being an Attachment Aware School

· Working with the School Office staff who are often the first point of contact with families seeking support

· Analysing behaviour, exclusions, visits to the medical room and attendance

· Pupil surveys

· Staff report concerns about individual pupils to the Behaviour/Pastoral team, SENCO and Designated Safeguarding Team

· Daily staff debriefs to give the opportunity to raise any concerns

· Weekly safeguarding meetings to discuss/review concerns

· Gathering information from a previous school at transfer or transition

· Parents/carers meetings

· Enabling pupils to raise concerns to class teacher and support staff

· Enabling parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'

All staff have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the SENCO, Behaviour/Pastoral team, or Designated Safeguarding Team.

These signs might include:

· Non-verbal behaviour

· Isolation from friends and family and becoming socially withdrawn

· Changes in activity or mood or eating/sleeping habits

· Lowering academic achievement

· Talking or joking about self-harm or suicide

· Expressing feelings of failure, uselessness or loss of hope

· An increase in lateness or absenteeism

· Not wanting to do PE or get changed for PE

· Drug or alcohol misuse

· Physical signs of harm that are repeated or appear non-accidental

· Wearing long sleeves in hot weather

· Repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

Verbal Disclosures by Pupils

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount, and staff listen rather than advise. Staff are clear to pupils that the concern will be shared with the Inclusion Designated Safeguarding Team and recorded in order to provide appropriate support to the pupil.

Non-Verbal Disclosures by Pupils

Staff also recognise persistent and unusual non-verbal disclosures in behaviours in line with the NICE (National Institute for Health & Care Excellence) recommendation that behaviour may be an unmet need or message.

Confidentiality

All disclosures are recorded and held on the online system - CPOMS, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps (actions).

Need The level of need is based on discussions at the regular Debriefs & Safeguarding meetings with key members of staff.	Evidence-based Intervention and Support -	Monitoring

Highest need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies -1:1 support Well-being interventions Educational Psychologist involvement External agency support that provides 1:1 support and group work	All pupils needing targeted individualised support will have an Individual Care Plan drawn up setting out – · The needs of the pupils · How the pupil will be supported · Actions to provide that support · Any special requirements Pupils and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed, and evaluated to assess the impact.
Some need	1:1 intervention, small group intervention, skills for life/wellbeing programmes, Thrive sessions	Multi-agency meetings and regular reviews and feedback with parents/carers
Low need	General support e.g. class teacher/TA, Behaviour/Pastoral team 'Check-in'	Discussions with key staff for professional opinions Discussion, advice and support in Child and Mental Health Services (CAMHS) An electronic log is kept and there are weekly safeguarding team meetings.

Assessment, Interventions and Support

All concerns are reported to the Designated Safeguarding Team, Behaviour/Pastoral Team, SENCO and are recorded. We then implement our assessment system based on levels of need to ensure that pupils get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

We recognise that just like physical health, mental health and emotional well-being can vary at any given time and is fluid and changes: there are no absolutes.

9. Working with Specialist Services to get swift access to the right Specialist Support and Treatment

In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, school refusal and other complex needs.

We make links with a range of specialist services and have regular contact with the services to review the support and consider next steps, as part of monitoring the pupils' provision.

School referrals to a specialist service will be made by the SENCO following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the parent/carer and when it is the most appropriate support for the pupil's specific needs.

Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
School Mentor	Accessed through the Inclusion Manager/SENCO
Music Therapy	Accessed through the Inclusion Manager/SENCO
School Counsellor	Accessed through the Inclusion Manager/SENCO
Educational Psychologist	Accessed through the Inclusion Manager/SENCO
Early Help Referral	Accessed through the Inclusion Manager/SENCO, Designated Safeguarding Team

10. Involving Parents and Carers

Promoting Mental Health

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children.

To support parents and carers, and when a concern has been raised the school will:

· Contact parents and carers and meet with them

· In most case parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.

· Offer information to take away and places to seek further information

· Be available for follow up calls

- · Make a record of the meeting

- · Agree an Action Plan

- · Discuss how the parents and carers can support their child

- · Keep parents and carers up to date and fully informed of decisions about the support and interventions

Parents and carers will always be informed if their child is at risk of danger.

We make every effort to support parents and carers to access services where appropriate. Pupils are our primary concern, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

11. Involving Pupils

We seek pupils' views and feedback about our approach and whole school mental health activities through:

- · Pupil Voice

- · Surveys & Class questions

- · Student council meetings

12. Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in pupils and know what to do and where to get help (see Appendix 3).

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.

Supporting and promoting the mental health and well-being of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing.

13. Monitoring and Evaluation

This policy was written in collaboration with the SLT. Its effectiveness will be monitored by the SLT and Mental Health Lead.

Appendix 1

Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)

	Risk Factors	Protective Factors
In the Child	· Genetic influences · Specific development delay · Communication difficulties · Physical illness · Academic failure · Low self-esteem · SEND	· Being female (in younger children) · Secure attachment experience · Outgoing temperament as an infant · Good communication skills, sociability · Being a planner and having a belief in control · Humour · Problem solving skills and 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
In the School	· Bullying · Discrimination · Breakdown in or lack of positive friendships · Negative peer influences · Peer pressure · Poor pupil to teacher relationships	· Clear policies on behaviour and bullying · 'Open door' policy for children to raise problems · A whole-school approach to promoting good mental health · Positive classroom management · A sense of belonging

		· Positive peer influences
In the Community	· Socio-economic disadvantage · Homelessness · Disaster, accidents, war or other overwhelming events · Discrimination · 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 2

Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs

Mental Health and Behaviour in School DfE March 2016
https://www.gov.uk/government/publications/mental-health-and-behaviour-inschools--2

Annex C includes definitions, signs and symptoms and suggested interventions for Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder OCD) Depression, Eating Disorders, Substance Misuse, Self Harm.

The DfE guide does not include specific information on suicidal thought.

Suicidal Thoughts

Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

Appendix 3

Where to get information and support

For support on specific mental health needs

Anxiety UK www.anxietyuk.org.uk

OCD UK www.ocduk.org

Depression Alliance www.depressoinalliance.org

Eating Disorders www.b-eat.co.uk and www.inourhands.com

National Self-Harm Network www.nshn.co.uk Self-Harm www.selfharm.co.uk
Suicidal thoughts

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

For general information and support www.youngminds.org.uk champions young
people's mental health and wellbeing www.mind.org.uk advice and support on
mental health problems www.minded.org.uk (e-learning) www.time-to-change.org.uk
tackles the stigma of mental health www.rethink.org challenges attitudes towards
mental health