Mental Health Policy 2025-2028

Picknalls First School will do all that it can to promote the Health and Well-being, including mental health, of all who learn and work here. Promoting healthy lifestyles for all will be a priority.

This policy was approved as follows:			
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This policy applies to all School Academy staff, pupils and parents.

PICKNALLS FIRST SCHOOL - MENTAL HEALTH POLICY

Including Managing Stress and Managing Workload Policies

"Schools have an important role to play in supporting the mental health and well-being of children by developing whole school approaches tailored to their particular needs, as well as considering the needs of individual pupils." Mental Health and Behaviour in Schools (DFE, November 2018).

Overview

Picknalls First School will do all that it can to promote the Health and Well-being, including mental health, of all who learn and work here. Promoting healthy lifestyles for all will be a priority. We have put into place several policies which will be used to promote the health and well-being of pupils and staff. These include:

- SEND
- Behaviour
- Attendance
- Anti-bullying
- Safeguarding and Child Protection
- PE
- Relationship and Health education

Objectives

1. to promote life skills across the curriculum so that pupils will learn about mental, emotional, social and physical well-being
2. to ensure that the good health, well-being and mental health of all who work in this school is promoted effectively
3. to ensure that the school has a wide range of appropriate policies and strategies in place to ensure that the good health, well-being and mental health of all and that they underpin everything that we do

Strategies

1. we will appropriately promote the health, well-being and mental health of pupils across the subjects of the curriculum taking account of their age and stage
2. staff will help pupils to acquire the relevant knowledge and understanding of the human body and how it works and of the social and emotional factors that influence health
3. to have a Designated Lead for Mental Health and Well-being (DLMHW), Penny Plant and link governor Heidi Elsmore for mental health and well-being with responsibility for the oversight of this policy and strategy for ensuring the mental well-being of all in this school
4. all staff will encourage pupils to make informed choices and take appropriate decisions to help ensure that they understand the importance of a healthy lifestyle that also promotes good mental health
5. we will foster links between school, home and community and appropriate outside agencies so that all are involved in a collective responsibility for promoting good health and good mental health
6. we will pay attention to the six areas of health and well-being across the curriculum, these will include mental, emotional, social and physical and spiritual well-being; planning for choices and changes; physical education and physical activity and sport; food and healthy eating; the dangers of substance misuse and relationships and parenthood
7. we will use the work-load policy and strategy to promote the health and well-being, including the mental health of pupils, staff and all who work in this school
8. we will ensure that the curriculum, homework, testing and assessment and teaching and learning strategies take account of pupils' well-being and mental health
9. we will use the stress policy to ensure that the health and well-being including mental health of staff is a priority
10. we will provide safe and healthy working conditions for all in school

Outcomes

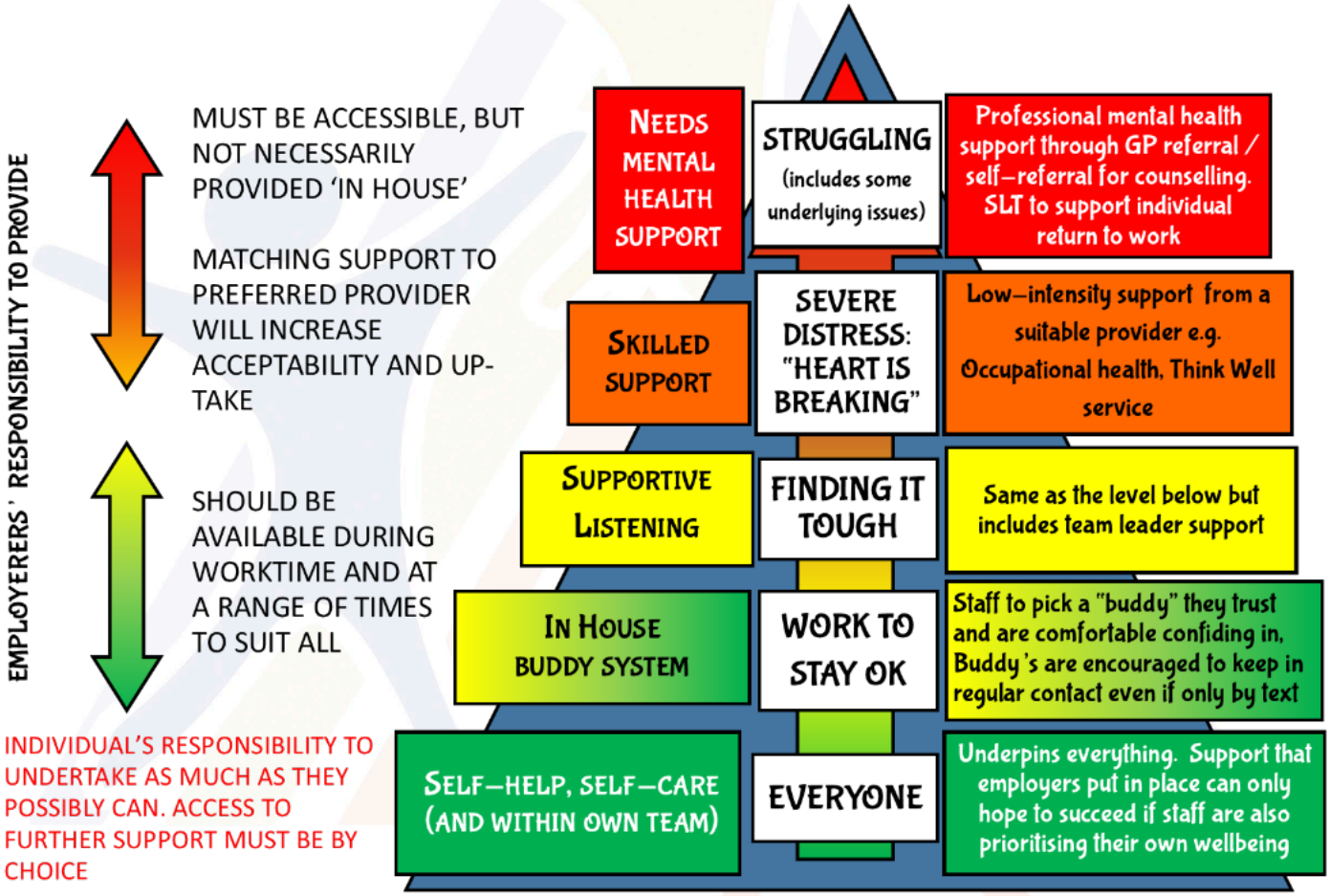
Picknalls is committed to promoting and maintaining the good health and well-being, and mental health, of everyone here and we will work together with parents and the local community and appropriate outside agencies to enable pupils to make healthy informed choices and to promote the health, mental health and well-being of all.

Key Points and Principles

- at Picknalls First School we recognise that we have a central role to play in enabling our pupils to be resilient, and to support good mental health and well-being.
- education about relationships, RHE is the way we can teach pupils about mental health and well-being.
- a consistent whole school approach is essential to promoting positive mental health and well-being.
- school staff cannot act as mental health experts and must not try and diagnose conditions. However, there are clear systems and processes in place for identifying possible mental health problems.
- as set out in chapter 6 of the statutory SEND 0-25 years Code of Practice 2015, school needs to be alert to how mental health problems can underpin behaviour issues to support pupils effectively. Staff also need to be aware of the duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of disability.
- when staff suspect a pupil may have a mental health problem, they must use the graduated response process (assess-plan-do-review) to put appropriate support in place.
- It is important that staff at Picknalls understand the local services available, including the School Nurse and offer from the Family Hub, as well as national organisations. The school's DLMHW, Penny Plant will work closely with the SENDCo, Steph Fenton, to ensure that the list of local services available remains up to date.

Picknalls' responsibilities in relation to Mental Health

"All schools are under a statutory duty to promote the welfare of their pupils" P6 Mental Health and Behaviour in Schools (DFE, November 2018).



Creating a whole school culture at Picknalls

The health and well-being of pupils and staff is promoted through the day to day running of the school, including through leadership practice, the school's policies, values and attitudes, together with the social and physical environment.

In addition to this, the health and well-being of pupils and staff is further promoted through:

Teaching

- using the curriculum to develop pupil's knowledge about health and well-being

Partnerships

- with families and the community
- proactive engagement with families, outside agencies and the wider community to promote consistent support

At Picknalls we emphasise the importance of promoting positive mental well-being through:

- teaching through RHE
- access to the Hope Project
- positive classroom management in line with the school's behaviour policy, using reasonable adjustments for identified children, where relevant
- social skills interventions i.e. Lego and play therapy
- working with parents and carers to promote positive well-being at home

At Picknalls First School there is a mentally healthy environment where children:

- have opportunities to participate in activities that encourage belonging (e.g., Circle Time
- have opportunities to participate in decision making (e.g., School Council)
- have opportunities to celebrate academic and non-academic achievements (e.g., Whole school assembly)
- have their unique talents and abilities identified and developed (e.g., Extra-curricular clubs, Gifted and Talented register)
- have opportunities to develop a sense of worth through taking responsibility for themselves and others. (e.g., residentials, school trips)
- have opportunities to reflect (e.g., Circle Time)
- have access to appropriate support that meets their needs (e.g., TA support in class or support from Key Worker)
- are surrounded by adults who model positive and appropriate behaviours and interactions at all times
- have a right to an environment that is safe, clean, attractive and well cared for

At Picknalls First School there is a mentally healthy environment where staff:

- have their individual needs recognised and responded to in a holistic way
- have a range of systems in place to support mental well-being e.g. performance management, briefings, training
- have recognition of their work-life balance
- feel valued and have opportunities in the decision-making processes
- success is recognised and celebrated
- are provided with opportunities for CPD both personally and professional
- can access support and guidance at times of emotional need in both the short and long term, provided by the school counsellor and Occupational Health

At Picknalls First School there is a mentally healthy environment where parents and carers:

- are recognised for their significant contribution to children and young people's mental health
- are welcomed, included and work in partnership with the school and agencies
- are provided with opportunities to ask for help when needed and signposted to appropriate agencies for support
- are clear about their role, expectations and responsibilities in working in partnership with the school (e.g. home school agreement shared annually, Parents Meetings)
- Opinions are sought, valued and responded to (e.g. Questionnaires.)
- strengths and difficulties are recognised, acknowledged and challenged appropriately

Understanding the link between mental health and behaviour

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

Mental health problems in children

At Picknalls we recognise that short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

- emotional disorders, for example phobias, anxiety states and depression
- conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour
- hyperkinetic disorders, for example disturbance of activity and attention
- developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders
- attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers
- trauma disorders, such as post-traumatic stress disorder, because of traumatic experiences or persistent periods of abuse and neglect
- other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic-depressive disorder

At Picknalls we understand that:

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem

Picknalls staff may instead observe children day to day and could identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may be otherwise unrecognised.

Risk and protective factors

We recognise that 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. In order to promote positive mental health, it is important that schools understand the protective factors that can enable pupils to be resilient when they encounter problems and challenges.

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

In the child	
Risk Factors	**Protective Factors**
Genetic influences SEND 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	
Risk Factors	**Protective Factors**
• Overall 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 criminality, alcoholism or personality disorder – Toxic trio • 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 community	
Risk Factors	**Protective Factors**
• 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

The balance between risk and protective factors is most likely to be disrupted when difficult events happen in pupils' lives, including:

- **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;
- **traumatic experiences** such as abuse, neglect, domestic violence, bullying, violence, accidents or injuries;
- **other traumatic incidents** such as a natural disaster or terrorist attack. Some groups could be susceptible to such incidents, even if not directly affected. As such, Picknalls staff are made aware of armed forces families, who may have parents who are deployed in areas of terrorist activity and are surrounded by issues in the media.

Children in Need, looked-after and previously looked-after children

At Picknalls we understand that where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is therefore key that staff are aware of how these children's experiences, and their high prevalence of special educational needs and mental health needs, can impact on their behaviour and education. This will be considered when creating behaviour plans, learning plans or adjustment plans for these children. In some cases, it may also be necessary to create an individual healthcare plan. Strategies to support these children will also be shared with all adults who regularly work with them, to ensure consistency of approach.

Where a child is being supported through local authority children's social care, their allocated social worker is a source of appropriately shared information about wider developmental needs, child protection concerns, and parental, familial and contextual circumstances. Effective multi-agency working between schools and social care

will help to inform a school's assessment of child's educational and mental health needs, as well as enabling a prompt response to any safeguarding concerns. This will be co-ordinated by the school's DSL and Deputy DSLs.

Where a member of staff has concerns about the behaviour of a previously looked-after child, advice will be sought from the school's designated teacher in conjunction with the SENDCO and discussions held with parents. If this is deemed by all parties to be insufficient, then the child's parents or the school's designated teacher, following discussions with the child's parents, may seek the advice of appropriate outside services on strategies to support the child.

Mental health and special educational needs

Early intervention to address underlying causes of disruptive behaviour should include an assessment of whether appropriate provision is in place to support any SEN or disability that a pupil may have. The Headteacher will also consider the use of a multi-agency assessment for a pupil who demonstrates persistent disruptive behaviour. Such assessments may pick up unidentified SEN, disability or mental health problems but the scope of the assessment could go further, for example, by seeking to identify housing or family problems. It is important to note that not all children with mental health difficulties will have SEN. But persistent or serious mental health difficulties will often meet the definition of SEN, in that they lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.

Identifying children with possible mental health problems

Negative experiences and distressing life events can affect mental health in a way that can bring about changes in a young person's behaviour or emotional state. This can be displayed in a range of different ways:

- emotional state (fearful, withdrawn, low self-esteem)
- behaviour (aggressive or oppositional; habitual body rocking)
- interpersonal behaviours (indiscriminate contact or affection seeking, over-friendliness or excessive clinginess; demonstrating excessively 'good' behaviour to prevent disapproval; failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed; coercive controlling behaviour; or lack of ability to understand and recognise emotions)

If a member of staff is concerned about a pupil and suspect that mental health difficulties may be present, they will raise this with the SENDCO (Steph Fenton) and the DLMHW (Penny Plant). The SENDCO will then determine the relevant process to help further identify and support needs. The child and family will be supported through the graduated response process:

- an assessment to establish a clear analysis of the pupils' needs
- a plan to set out how the pupil will be supported
- action to provide that support
- regular reviews to assess the effectiveness of the provision and lead to changes where necessary

The SENDCO will use evidence to determine if a child can be supported in school through reasonable adjustments and a learning plan, which may involve small group interventions or one to one sessions. If it is deemed that more help is required e.g. from an external agency, then the family will be supported through the other professionals involved (e.g. CAMHS, Educational Psychologist) as needed.

If a parent has a concern about their child, they also have the option to speak to the school nurse who can also refer them to NHS services such as psychologists, therapist etc.

Procedures when concerned about an individuals' mental health and risk of self-harm

'It is difficult to provide accurate numbers on how widespread self-harm is among children and young people. This is because definitions of self-harm vary, so cases may be reported differently, but also because many cases of self-harm probably go unreported. Despite these issues, estimates are available for the prevalence of self-harm. Self-harm becomes more common after the age of 16, but is still prevalent among younger children and teenagers.' Self-harm in children and young people Handbook, CAMHS, 2011

- if any adult in school has a concern regarding a pupil or adult within school, then this should immediately be referred to the Designated Safeguarding Lead (DSL), Anne Tapp & logged on the My concern portal.
- the child should be removed to a safe place if required. If there are any sharp items such as scissors or pencils, these should be removed from the vicinity
- the child should then have someone present with them at all times

- they will then decide whether the information should be shared with the school nurse and the child's parent in the case of a child. In the school reception, there is a QR code for parental information and for the nursing team to complete the referral.
- Human Resources will be contacted when in relation to a member of staff
- if the incident involves a parent, the DSL should once again be contacted. They may then decide to contact social services
- All child protection issues should be recorded in My Concern where the DSL and DDSL's can view this information, as soon as possible but this must be the same day. This information will be discussed with the Senior Leader Team (SLT) who discuss and identify the appropriate course of action
- a risk assessment may be required

Managing Stress Policy

Overview

At Picknalls we are committed to protecting the health, safety and welfare of our employees. We recognise that workplace stress is a health and safety issue and acknowledge the importance of identifying and reducing workplace stressors. This policy applies to all staff in school.

Objectives

1. to protect the health, safety and welfare of our employees
2. to identify all probable workplace stressors and conduct risk assessments
3. to take all reasonable actions to eliminate stress or control the risks from stress.
4. to ensure that workload is balanced and reasonable so that it does not contribute to stress

Strategies

1. the risk assessments will be regularly reviewed
2. the school will consult with staff about any proposed actions relating to the prevention of workplace stress
3. the school will provide initial support for staff affected by stress caused by either work or external factors and signpost them to professional help where it is requested or deemed necessary
4. the SLT will maintain good communications with staff, particularly where there are organisational and procedural changes
5. the CPD policy and strategy will ensure members of staff are provided with appropriate training to discharge their duties
6. the SLT will monitor workloads to ensure that people are not overloaded
7. the SLT will monitor working hours to ensure that members of staff are not overworking
8. the SLT will encourage the practice that any emails received by staff during weekends and holidays will be replied to within 2 working days
9. to provide appropriate opportunities for training in good management practice and health and safety
10. a standing agenda item will be added to the end of Key Stage meetings to give staff time to reflect on their mental health and well-being
11. to ensure that work place bullying and harassment is not tolerated
12. to be vigilant and where possible offer appropriate additional support to a member of staff who is experiencing stress outside work e.g. bereavement or separation
13. to support individuals who have been off sick with stress on a planned return to work
14. to monitor and review the effectiveness of measures taken to reduce stress

Outcomes

Stress is defined by the HSE as "the adverse reaction people have to excessive pressure or other types of demand placed on them". It, however, makes an important distinction between pressure, which can be a positive state if managed correctly, and stress which can be detrimental to health.

At Picknalls we wish to create a positive and happy working environment where people feel valued and where they can carry out their professional responsibilities without stress.

POLICY FOR REDUCING WORKLOAD

Overview

Everyone in this school are expected to have a role to play in reducing the unnecessary tasks that take teachers and school leaders away from their core task which is improving outcomes for children.

Objectives

1. to ensure that nobody intentionally sets out to create unnecessary workload
2. to see that all involved in school have a role to play in reducing unnecessary burdens
3. to ensure that where government or any other outside bodies introduce new initiatives the school will assess them critically to ensure that they enhance the quality of education we provide and to ensure that they do not increase workload unnecessarily
4. to ensure that school leaders have the authority and support to reject initiatives that increase burdens for their staff for little dividend
5. to review the accountability and self-evaluation strategies we use to check that they are promoting and encourage good practice without adding unnecessary work
6. to ensure that teachers and others are encouraged to be proactive in using evidence to determine what works in the classroom rather than following the latest fads

Strategies

1. the impact on workload will always be taken into account when reviewing or developing policies and practices
2. we will ensure that only data that is necessary will be collected and by doing so we will reduce the workload of leaders, managers and staff
3. the processes used for collecting data will be efficient and minimal
4. to reduce workload, leaders will ensure that the data collected will be given its proper place alongside other the other evidence that is used when making professional judgements
5. leaders will develop assessment, marking and feedback polices and strategies which are manageable and proportionate so that workload is reduced
6. the school will implement a curriculum that is the central driving force of teaching, so that time spent planning is kept to a minimum
7. to reduce teachers' workload, lesson plans will be focused on learning objectives and kept to the minimum necessary to support effective teaching and learning
8. where it is appropriate, staff will be encouraged to work together when planning so that their workload is reduced. Staff will be given opportunities to complete their PPA at home during each term
9. staff will be required to evaluate the impact of their planning on pupils' learning and progress so that they can reduce planning where it can be cut down
10. all staff will be expected to look for opportunities where workload can be reduced whilst maintaining the high standards of teaching, learning and progress set out in the schools' policies
11. where anyone in school believes that they are suffering from workload pressure or stress resulting from that pressure they are expected to discuss the issue with an appropriate member of the senior leadership team
12. the governors, leaders and managers in school will regularly review their own work to cut down on unnecessary workload and to ensure that work is delegated to appropriate levels of the leadership and management structure

Outcomes

Cutting down on workload without diminishing the quality of education will be a continuous priority for governors, leaders, managers and staff at Picknalls. We will create a school where workload is kept to the minimum necessary to be effective at all levels and for all staff. This will be a school where working efficiently and effectively will cause workload to be reduced to an acceptable minimum and so all staff will be free from the pressure and stress of over-work.

Mental Health and Wellbeing Contacts

ThinkWell Service – 01785 276284

Samaritans – www.samaritans.org Phone 116 123 (Freephone 24 hours a day, 7 days a week)

Rethink – 0300 5000 927 (local rates, 9.30am -4pm)

Mind Infoline – 0300 1233393 (local call rates, 9am-6pm, Mon-Fri)

Counselling Directory – 0844 8030 240 – www.counselling-directory.org.uk