Hungerford Primary Academy

learn to love and love to learn

Child Mental Health Policy

Implementation Date: July 2021

Review Date: July 2022

The World Health Organisation (WHO) define mental health and well-being as:

> *"..a state of well-being in which every individual realises 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 her or his community."*

Mind, the mental health charity in England and Wales, established over seventy years ago, further enhance this definition by describing good mental health as when:

> *"You care about yourself and you care for yourself. You love yourself, not hate yourself. You look after your physical health – eat well, sleep well, exercise and enjoy yourself.*
>
> *You see yourself as being a valuable person in your own right. You don't have to earn the right to exist. You exist, so you have the right to exist.*
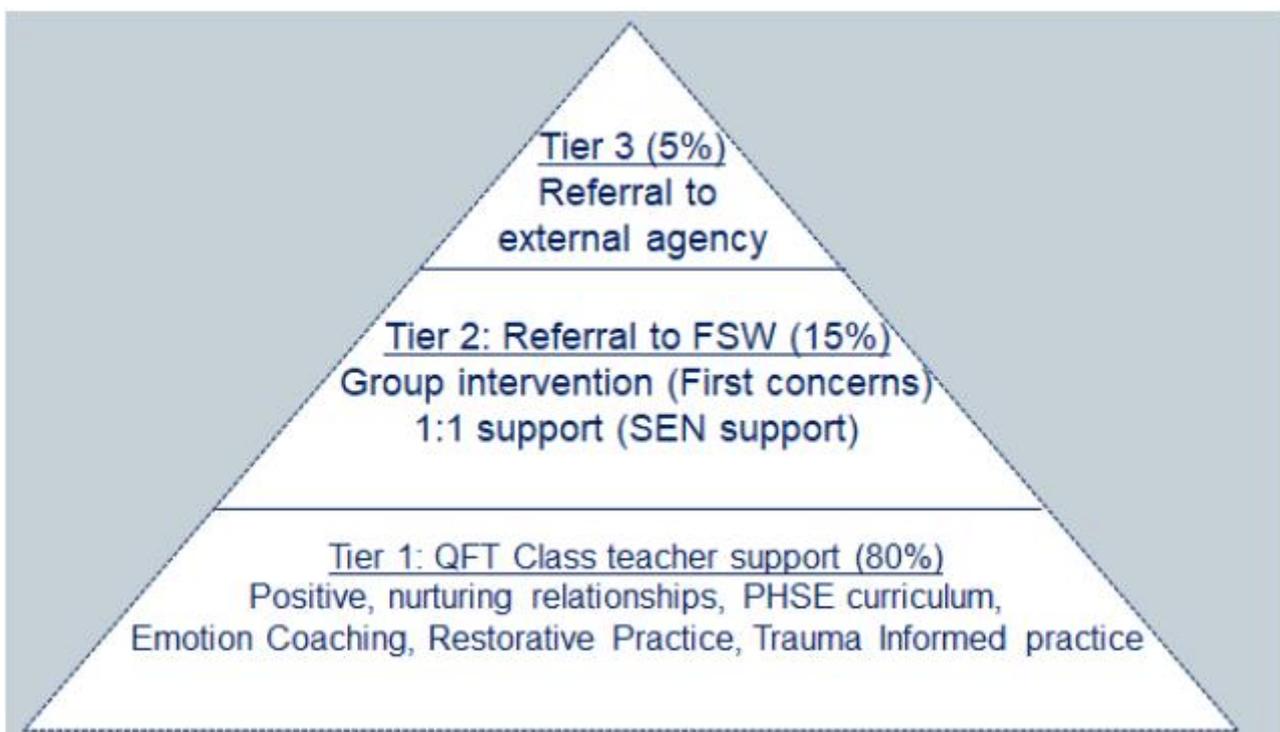>
> *You judge yourself on reasonable standards. You don't set yourself impossible goals such as 'I have to be perfect in everything I do' and then punish yourself when you don't reach these goals"*

Rationale and Purpose

At Hungerford Primary Academy, we are fully committed to the promotion of positive mental health for all of our pupils. Hungerford recognises that there are two aspects to achieving this; namely the explicit teaching and modelling of each aspect outlined above by Mind, and the identification and support of those pupils who are experiencing poor mental health. Whilst it is recognised that those with poor mental health will indeed benefit from a pro-active approach to the promotion of good mental health, for ease of reference this policy will refer to pro-active (promotion and teaching of positive mental health) and reactive (where there is an identified need) approaches.

This aim of this policy is to outline the structure in place in order to fulfil both approaches.

Supporting pupils' positive mental health and well-being (Tiered Approach)

Tier 3 (5%)
Referral to
external agency

Tier 2: Referral to FSW (15%)
Group intervention (First concerns)
1:1 support (SEN support)

Tier 1: QFT Class teacher support (80%)
Positive, nurturing relationships, PHSE curriculum,
Emotion Coaching, Restorative Practice, Trauma Informed practice

Tier 1: Proactive Approach

At Hungerford, all staff understand and are fully committed to the promotion of positive mental health and well-being. It is recognised that positive, warm relationships with clear boundaries and expectations are the foundation on which pupils can learn to be resilient, happy and successful.

Promotion at Tier 1 includes:

- Creating an ethos and behaviours that support good mental health and resilience that everyone understands;
- Helping pupils to develop social relationships, support each other and seek help when they need to;
- Helping pupils to be resilient learners;
- Teaching pupils social and emotional skills and an awareness of mental health;

This level of support will enable approximately 80% of any cohort to successfully develop well-being and an understanding of and strategies to maintain good mental health.

Tier 2: Reactive Approach

For approximately 15% of any given cohort, there will be children who will require additional support and specific intervention due to some form of mental health problem (see Identification of Need). This will either take the form of a group intervention (ELSA or Cool Connections) or individual ELSA support and will last for approximately 6 weeks. Reference here is made to the SEN/D code of practice, where Mental Health forms an SEN/D need as part of Social, Emotional Mental Health. As such, children receiving group intervention will be placed at First Concerns and their progress closely monitored. Children receiving individual intervention will be placed on the SEN Register, with SMART targets being set against the SEMH area of need. At this stage, advice from an Educational Psychologist or the Cheshire East Autism Team (CEAT) may also be sought. Reference here is also made to the Cheshire East SEN Toolkit (https://www.cheshireeast.gov.uk/livewell/local-offer-for-children-with-sen-and-disabilities/education/supporting-send-in-education/send-toolkit.aspx). Identification of such problems and the decision to provide group or individual intervention will be discussed in the following section.

Tier 3: Specialist Reactive Approach

Sadly, as many as 5% of any cohort will require the support of external agency input due to a mental health illness (see Identification of Need). At this stage, advice is sought through the Mental Health Support Team (MHST) or a referral to CAMHS. Intervention will be provided through the MHST in school, the MHST within the home or attendance at CAMHS with a clinician. Children at this stage will have an SEN support plan or an Education, Health and Care Plan (EHCP).

Identification of Need

The DfE published, "Mental health and behaviour in schools" in November 2018, stating:

> "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, displayed in a range of different ways, all of which can be an indication of an underlying problem. This can include:
> - 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 a lack of ability to understand and recognise emotions)"

All staff at Hungerford have received training on how to recognise potential symptoms of declining or poor mental health both through regular safeguarding training, where various scenarios are discussed, as well as through specific training on the signs to be aware of when there is a specific concern.

Hungerford Primary Academy are committed to the early intervention and support of any pupil presenting with a change in behaviour in order that difficulties can be identified and addressed as effectively as possible. It is recognised by the school that not all changes in presentation indicate a clinical need for diagnosis or intervention and refer to the following as a guide to this end.

| Mental Health Problem (Tier 2)	Common difficulties recognised as typically of brief duration and not requiring any formal professional intervention
Mental Health Disorder (Tier 2 or 3)	Abnormalities of emotions, behaviour and social relationships sufficiently marked or prolonged to cause suffering risk to optimal development in the child, or distress or disturbance in the child or community.
Mental Health Illness (Tier 3)	A clinically recognisable set of symptoms or behaviour associated in most cases with considerable distress and substantial interference with personal functions.

Anxiety

Fears and anxieties are normal developmental challenges. The relative intensity, frequency and duration of the behaviour associated with anxiety needs to be evaluated. Anxiety in itself is a normal response and can be helpful as it can focus our minds, enabling an improved performance.
Anxiety becomes a problem when:
- It overestimates the threat of the situation
- Causes significant upset to the pupil and his/her family
- Interferes with day to day life
- Is persistent

Signs to be aware of within the school environment are:
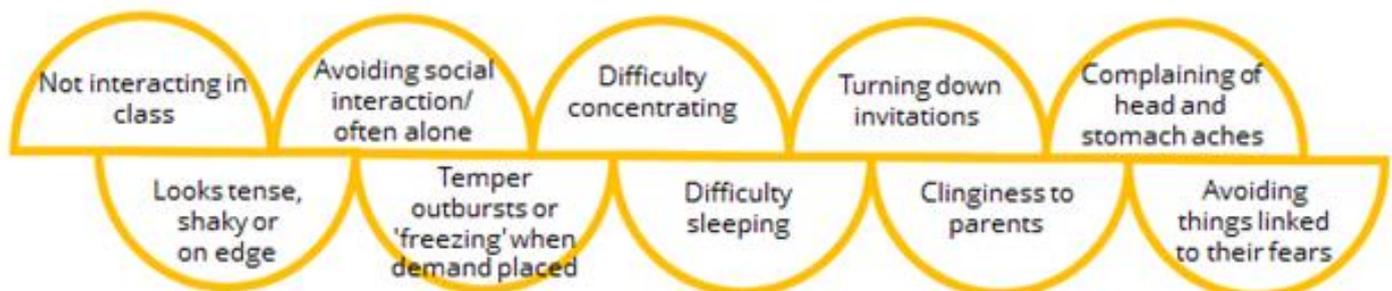
Depression

Depression is a constant feeling of sadness and loss of interest, which stops a child from wanting to do their normal activities. Different types of depression exist, with symptoms ranging from relatively minor to severe. It can lead to disturbances in sleep and appetite, resulting in tiredness and poor concentration. Generally, depression does not result from a single event, but from a mix of events and factors. The effects can be long-lasting or recurrent and can affect a person's ability to function and live a rewarding life.

Signs to be aware of within the school environment are:

Become quiet and withdrawn

Become irritable with temper flares

Alternate between withdrawn and irritable

Looks tired

Keep away from friends and stay by themselves

Have poor attendance

Deterioration in self-care

Self-harm, suicidality

Assessment

Following on from the identification of the need to intervene and the completion of the referral form, the area of need is identified by the SENCo and ELSA. The relevant ELSA baseline assessment is then completed by the class teacher. On starting the intervention, the pupil completes the Wellbeing Measurement tool (EBPU Evidence Based Practice Unit) (See Appendix 4). Where it is difficult to assess which intervention will be needed from the referral form, the Strengths and Difficulties Questionnaires (SDQs) are completed by both the class teacher and parent/carer. The same assessments are then completed at the end of the intervention to measure impact. An additional assessment that is also used when it is feel necessary is ACE (Adverse Childhood Experiences) scoring which all staff have received training in.

It is recognised by the school that not all improvements to mental health and wellbeing may be captured by a quantitative measure and as such, equal significance is also placed upon qualitative improvements that may be observed by both school and home.   For children who require 1:1 support, baseline assessments from ELSA are used to set SMART targets for the pupil's SEN support plan. For children requiring group support, First Concerns paperwork is completed by the Class Teacher.

Supporting Parents and Carers

Hungerford Primary Academy understand and are committed to the importance of working as closely as possible with parents/carers and appreciate that by doing so, the child is much more likely to succeed academically, socially and emotionally. As such, Hungerford has an open door policy, whereby teachers are available at the start or end of the day, should a parent have a concern they wish to discuss. The Family Support Team (Two Family Support Workers) are also available throughout the school day to discuss any difficulties either parents or children are facing, with the Senior Family Support Worker also being available via email throughout the school holidays.
Furthermore, the Principal, Vice Principals (1.6 FTE) and Inclusion Manager are also available should more significant concerns be raised or need addressing.

In addition to the open door policy, the Family Support Team also provide parenting support through the delivery of '1,2,3 Magic'. SEN Coffee Mornings are arranged on a termly basis where parents have the opportunity to talk through concerns or worries with both staff and other parents. These will be further developed to involve the MHST

staff once COVID-19 restrictions are fully lifted. Parents are also signposted or referred to other agencies including: My CWA, Vysion, CLASP and Motherwell where more specific parental support is required.

PACE sessions are also offered to some pupils requiring specific 1:1 intervention for whom it is felt that increasing parental confidence and skills will also have a positive impact. PACE sessions are led by the Outdoor Education Teaching Assistant and involve a range of outdoor activities through which the parent/carer and child can engage in play based and/or problem solving activities with the support of the OTE TA. Information from PACE sessions is fed back to the Family Support Worker and Inclusion Manager.

Hungerford recognise that the impact of having a child with any type of mental health need can be very distressing and as such, are sensitive to the parent/carer's own needs and feelings when entering any such discussion.

Reference is made here to research specifically on the impact of engagement on mental health and well-being. (https://www.researchgate.net/publication/233716816_The_Role_of_Parental_Involvement_in_School-Based_Mental_Health_Interventions_at_Primary_Elementary_School_Level).

Staff Training

Hungerford are committed to ensuring that all staff are confident in their knowledge of mental health and wellbeing and how to promote good mental health. Hungerford Primary Academy has the Bronze award as being an Attachment and Trauma Sensitive School, demonstrating a trauma informed approach to all aspects of teaching and learning. Staff have ongoing access to Flick training through St Bart's Trust.
All senior staff have been trained in Mental Health First Aid by one of the Mental Health Leads.
Staff with a specific responsibility receive more specialised training and access to supervision from mental health professionals (MHST and SCIEs).
During the Spring Term 2022, the Inclusion Manager will undergo training on Restorative Practice and will subsequently roll this out.

Roles and Responsibilities

Tier 1:
All staff have a responsibility to promote well-being and good mental health, as well as identifying any changes in behaviour that might be indicative of declining good mental health. Specifically, class teachers and SEN TAs are responsible for the referral of a pupil to Tier 2 intervention.
The Mental Health Leads (Vice Principal and Inclusion Manager) are responsible for providing ongoing training and support to staff to ensure that they are able to fulfil their responsibilities.

Tier 2:
The Inclusion Manager is responsible for processing referrals from staff and deciding on the most appropriate course of action (group intervention or 1:1 intervention).
The Family Support Worker is responsible for gathering appropriate assessments from class teachers, liaising with class teachers to set SMART targets for 1:1 interventions and the delivery of group and 1:1 interventions. Analysis of impact is the responsibility of the class teacher, Family Support Worker and Inclusion Manager.
The class teacher is responsible for talking to parents/carers about First Concerns or SEN support plans.
The Family Support Worker is responsible for seeking parental consent for the pupil to attend the intervention.
The Mental Health Leads are responsible for raising any related safeguarding concerns with the Safeguarding Team.

Tier 3:
The Mental Health Leads and Family Support Worker (or combination thereof) attend fortnightly consultations with the MHST.
The Inclusion Manager is responsible for ensuring that any advice is disseminated to the appropriate staff and acted upon in a timely manner.
The Inclusion Manager is responsible for making referrals to and liaising with CAMHS and gaining parental consent to discuss with MHST and/or refer to CAMHS.
The Mental Health Leads are responsible for raising any related safeguarding concerns with the Safeguarding Team.

Links to other policies

This policy links to the following policies:

SEN/D: Mental Health forms part of one of the areas of need identified in the Code of Practice, namely 'Social, Emotional and Mental Health'. As such, and as mentioned throughout the policy, any identified need requiring support different from or additional to the universal offer, is identified as an SEN need.

Behaviour: Hungerford Primary Academy are committed to understanding that all behaviour is a form of communication. Behaviours relating to a decline in well-being or poor mental health have been outlined in 'Identification of need' section.

Safeguarding: Reference here is made to Appendix 2 which outlines risk factors relating to abuse and neglect, both through negative peer influences and abuse from parents/carers. The designated Mental Health First Aiders for both staff and pupils are on the Safeguarding Team.

Anti-Bullying: Again, reference is made to Appendix 2, where both protective factors, as well as risk factors can be seen to influence well-being and mental health.

PHSE: The promotion of good mental health, resiliency, self-esteem and achievement all form part of the school commitment through the delivery of our PHSE curriculum.

Appendices

Appendix 1 – referral form to Inclusion Manager
Appendix 2 – Protective and Risk Factors (adapted from Mental Health and Behaviour DfE March 2016
Appendix 3 – Further information and support
Appendix 4 – Wellbeing Measurement for pupils

HUNGERFORD PRIMARY ACADEMY
REFERRAL FORM FOR MENTAL HEALTH INTERVENTION

NAME	CLASS	TEACHER

BACKGROUND INFORMATION (SEN, PP, Safeguarding, other agency involvement, e.g. comm paeds, SALT)	
STRATEGIES IMPLEMENTED BY TEACHER (This needs to be completed and reviewed prior to any referral)	

AREA OF CONCERN	ADDITIONAL INFORMATION
ANXIETY/WORRY ☐	
FRIENDSHIPS ☐	
RESILIENCE ☐	
BEHAVIOUR ☐	
SELF-ESTEEM ☐	
EMOTIONAL DIFFICULTIES ☐	
Parental consent gained (please date and CPOM conversation) (Please highlight Yes or No)	Yes No (If No is highlighted please explain reason)

REFERRAL MADE BY:		DATE:

Protective and Risk Factors (from Mental health and behaviour in schools DfE November 2018).

	Risk Factors	Protective Factors
In the child	Genetic influences Low IQ and learning disabilities Specific developmental 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
In the school	Bullying including online (cyber) Discrimination Break down in or lack of positive friendships Deviant peer influences Peer pressure Peer on peer abuse Poor pupil to teacher 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 and 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 organized 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 standards of living High morale school with positive policies for behaviour, attitudes and anti-bullying Opportunities for valued social roles Range of sport/leisure activities

Further advice and support

General information and support
www.youngminds.org.uk Champions CYP mental health and well-being
www.place2be.org.uk Training and support
www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/ Identification and how to support
www.mind.org 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

For support on specific mental health needs
www.anxietyuk.org.uk Anxiety
www.ocduk.org Obsessive Compulsive Disorder
www.depressionalliance.org Depression
www.b-eat.co.uk and www.inourhands.com Eating disorders
www.nshm.co.uk and www.selfharm.co.uk Self harm
www.papyrus-uk.org Suicide prevention

Great Apps to support children with mental health needs

Headspace: Guided meditation
Aims to keep children "calm and focused" through short meditation exercises

Smiling mind: 7 years +
Helps children to manage the daily stresses of everyday life. Includes a great Mindfulness in the classroom section!

Breathe, Think, Do with Sesame
Can be used with children as young as 2 and is very good at teaching children to manage frustrations and developing resilience.

Mindful Powers
Very effective at teaching mindfulness to 7-10 year olds.

Children's bedtime meditations
Includes six free meditations to soothe your child to sleep and more can be purchased

ME AND MY FEELINGS

Below is a questionnaire which is going to ask you how you feel. There are no right or wrong answers. You should just pick the answer which is best for you.

STATEMENT	NEVER	SOMETIMES	ALWAYS
I feel lonely	☐	☐	☐
I cry a lot	☐	☐	☐
I am unhappy	☐	☐	☐
Nobody likes me	☐	☐	☐
I worry a lot	☐	☐	☐
I have problems sleeping	☐	☐	☐
I wake up in the night	☐	☐	☐
I am shy	☐	☐	☐
I feel scared	☐	☐	☐
I worry when I am at school	☐	☐	☐
I get very angry	☐	☐	☐
I lose my temper	☐	☐	☐
I hit out when I am angry	☐	☐	☐
I do things to hurt people	☐	☐	☐
I am calm	☐	☐	☐
I break things on purpose	☐	☐	☐

Thank You!

STUDENTS' LIFE SATISFACTION SCALE

We would like to know what thoughts about life you have had during the past several weeks. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with your overall life. Tick the box next to each statement that indicates the extent to which you agree or disagree with that statement. It is important to know what you REALLY think, so please answer the questions the way you really think, not how you should think. This is NOT a test. There are NO right or wrong answers.

STATEMENT	STRONGLY DISAGREE	MODERATELY DISAGREE	MILDLY DISAGREE	MILDLY AGREE	MODERATELY AGREE	STRONGLY AGREE
My life is going well	☐	☐	☐	☐	☐	☐
My life is just right	☐	☐	☐	☐	☐	☐
I would like to change many things in my life	☐	☐	☐	☐	☐	☐
I wish I had a different kind of life	☐	☐	☐	☐	☐	☐
I have a good life	☐	☐	☐	☐	☐	☐
I have what I want in life	☐	☐	☐	☐	☐	☐
My life is better than most kids	☐	☐	☐	☐	☐	☐

Huebner, E. S. (1991). Initial development of the Students' Life Satisfaction Scale. *School Psychology International, 12*, 231–243.

Are you or have you ever been a young carer?

Young carers are children and young people under 18 who provide regular or ongoing care to a family member who has an illness, disability, mental health condition or drug/alcohol dependency.

☐ Yes

☐ No

MEASURES OF MECHANISMS SUPPORTING GOOD OUTCOMES

STUDENT RESILIENCE SURVEY (SRS)

Please read every statement carefully and circle the answer that fits you best.

AT HOME, THERE IS AN ADULT WHO...	NEVER				ALWAYS
... is interested in my school work	1	2	3	4	5
... believes that I will be a success	1	2	3	4	5
... wants me to do my best	1	2	3	4	5
... listens to me when I have something to say	1	2	3	4	5

AT SCHOOL, THERE IS AN ADULT WHO...	NEVER				ALWAYS
... really cares about me	1	2	3	4	5
... tells me when I do a good job	1	2	3	4	5
... listens to me when I have something to say	1	2	3	4	5
... believes that I will be a success	1	2	3	4	5

AWAY FROM SCHOOL, THERE IS AN ADULT WHO...	NEVER				ALWAYS
... really cares about me	1	2	3	4	5
... tells me when I do a good job	1	2	3	4	5
... believes that I will be a success	1	2	3	4	5
... I trust	1	2	3	4	5

AWAY FROM SCHOOL...	NEVER				ALWAYS
... I am a member of a club, sports team, church group, or other group	1	2	3	4	5
... I take lessons in music, arts, sports, or have a hobby	1	2	3	4	5

ARE THERE STUDENTS AT YOUR SCHOOL WHO WOULD...	NEVER			ALWAYS	
... choose you on their team at school	1	2	3	4	5
... tell you you're good at doing things	1	2	3	4	5
... explain the rules of a game if you didn't understand them	1	2	3	4	5
... invite you to their home	1	2	3	4	5
... share things with you	1	2	3	4	5
... help you if you hurt yourself	1	2	3	4	5
... miss you if you weren't at school	1	2	3	4	5
... make you feel better if something is bothering you	1	2	3	4	5
... pick you for a partner	1	2	3	4	5
... help you if other students are being mean to you	1	2	3	4	5
... tell you you're their friend	1	2	3	4	5
... ask you to join in when you are all alone	1	2	3	4	5
... tell you secrets	1	2	3	4	5

	NEVER			ALWAYS	
I do things at home that make a difference (i.e. make things better)	1	2	3	4	5
I help my family make decisions	1	2	3	4	5
At school, I decide things like class activities or rules	1	2	3	4	5
I do things at school that make a difference (i.e. make things better)	1	2	3	4	5
I can work out my problems	1	2	3	4	5
I can do most things if I try	1	2	3	4	5
There are many things that I do well	1	2	3	4	5
I feel bad when someone gets their feelings hurt	1	2	3	4	5
I try to understand what other people feel	1	2	3	4	5
When I need help, I find someone to talk to	1	2	3	4	5
I know where to go for help when I have a problem	1	2	3	4	5
I try to work out problems by talking about them	1	2	3	4	5
I have goals and plans for the future	1	2	3	4	5
I think I will be successful when I grow up	1	2	3	4	5