



## Mental Wellbeing Policy

(Drawn up after Staff Inset April 2018, drawing upon [Public Health England The link between pupil health and wellbeing and attainment Nov 2014](#) and [The Government's Green Paper on mental health: failing a generation May 2018](#) and [Counselling in schools: a blueprint for the future Feb 2016](#) and [Mental health and behaviour in schools Nov 2018](#))

**The following policy relates to all children at St. Hugh's School, including those who board and those in the EYFS (Early Years Foundation Stage).**

### 1. What is Mental Health/Mental Wellbeing?

The charity [YoungMinds](#) define mental health in young people as: “The strength and capacity of our minds to grow and develop, to be able to overcome difficulties and challenges, and to make the most of our abilities and opportunities”. When we talk about mental health, people immediately think of the negative aspects of certain mental health problems or disorders, such as depression or self-harm. But just like physical health, people can have good mental health or have problems that they need help to overcome.

#### The mental health continuum



Statistics suggest that 1 child in 10 has a mental health disorder, with 2 in 10 having a mental health problem. As half of all mental health conditions first occur by the age of 14 (and three quarters by the time

someone is 24) at St. Hugh's, especially with our Year 7 & 8 pupils we need to be aware of our responsibilities.

## 2. Signs and symptoms

**This is the responsibility of all staff at St. Hugh's – much like safeguarding.**

- Change in behaviour from what is normal for that particular child or young person.
- Not taking care of their appearance and/or hygiene.
- Absence from school or sickness – often in adolescence, young people will experience physical symptoms of anxiety or stress before they can necessarily articulate the issue; for example, being sick before coming school.
- Socially isolated and/or withdrawing.
- Erratic behaviour or mood swings.
- Risk taking behaviour.
- Anger and aggression.
- Not being able to concentrate and seeming distracted.
- Avoiding friends and avoiding activities they used to find fun.
- Missing regular appointments.
- Seeming jumpy or nervous for no obvious reasons.
- Panic attacks.
- Tired in school.
- Change in appetite.
- Lack of aspiration or not being able to predict positive things happening in the future.

## 3. Risk factors

- **Genetic influences.**
- **Low IQ and learning disability.** Children with learning difficulties may have communication difficulties, low self-esteem and limited life experiences. These problems may manifest as difficult or challenging behaviour.
- **Specific developmental delay.** Children with a range of specific developmental problems (dyslexia, dyspraxia, attention deficit disorder) are more likely than their peers to have emotional and behavioural problems. Low self-esteem, academic failure and frustration may underlie this. A third of children with conduct disorder have specific reading difficulties or dyslexia.
- **Communication difficulty.** Language delay, English as a second language, and cultural differences
- **Difficult temperament.** Children are born with different temperaments which determine how easily they adapt and settle to routines and deal with stress.
- **Physical illness, especially if chronic and/or neurological.**
- **Academic failure.** School is a big part of a child's life and not being able to cope at school will have a huge impact. School teachers and other adults may not understand why a child is having problems and may not provide the right sort of help; other children usually know and may tease. The child may feel they are to blame; no-one likes doing things they feel they are not good at. **School ethos is important** – the school which truly values aspects of the child, other than academic success, can limit this negative experience. Schools that have high expectations (that ask a lot of children) and

strong supports (that give a lot to children) have been shown to support good mental health and children's emotional needs.

- **Low self-esteem.** This can have a very powerful influence on the way children approach and cope with the world they live in. Low self-esteem can affect the way children deal with new challenges and can influence the way others, including peers, respond.
- **Overt parental conflict.** When parents are caught up in tense, hostile and angry battles with each other, it's very difficult for them to focus on their children's emotional needs.
- **Family breakdown.** When parents separate, so many children have to cope with the distress, disappointment and sadness that this brings. The child may come to believe that they were in some way responsible for this.
- **Inconsistent or unclear discipline.** Children need to know what is expected of them. The boundaries their carers create help to give them a sense of security and containment. When discipline is unclear or inconsistent, children do not know what the limits are and may become bewildered, confused or anxious as a result.
- **Hostile and rejecting relationships.** It is difficult for children to develop a sense of their own worth if their relationship with one of their main carers is hostile and rejecting.
- **Failure to adapt to child's changing developmental needs.** As children grow and develop, their needs change. Not all families are able to respond in a flexible way to the particular needs of their children.
- **Abuse - physical, sexual and/or emotional.** Children who have been exposed to abuse are extremely vulnerable to developing mental health problems.
- **Parental psychiatric illness.** A parent suffering from psychiatric illness may go through times when they are unable to meet their children's needs, particularly if they require periods in hospital. Children often fear that they will go on to develop a psychiatric illnesses themselves.
- **Death and loss - including loss of friendships.** Disrupted childhoods often lead to cumulative losses. Whilst children need to learn how to cope with loss and bereavement, these experiences can be very traumatic. Repeated house moves may be associated with loss of familiar people, places and things.
- **Socio-economic disadvantage.** Living in poverty is a powerful risk factor for children's mental health difficulties.
- **Homelessness.** Families who don't have the stability of a home find it very difficult to provide a secure and predictable life.
- **Disaster, accidents, war.** These situations mean that the usual structures and supports are disrupted, possibly over long periods of time.
- **Discrimination.** Children can experience discrimination amongst their peers if they appear to be different in any way from the majority because of race, colour, faith, culture, disability, or sexual orientation.
- **Other significant life events.** Life events are stressful. The more disturbing life events we experience, the more vulnerable we are to developing mental health problems.

**All young people are different and need to be understood and treated as individuals.**

**One of the most important things that teachers can do is remember that all behaviour is communication.**

All young people's behaviour is a communication of an underlying issue that they need help with. Until they get help with the underlying issue, the behaviour will be very difficult to change. It is vital for St. Hugh's to create a safe and non-judgemental environment for our pupils to talk about, and understand, their feelings. One of the main things that young people worry about is being judged by their peers, their teachers and the

wider community. So it is important for school staff to reassure our pupils that they are free to talk about anything they are concerned about, in an entirely judgement free environment.

#### **4. What can WE do?**

**Resilience:** *“The human capacity to face, overcome and ultimately be strengthened and even transformed by life’s adversities and challenges...a complex relationship of psychological inner strengths and environmental social supports.”*Masten

*“Ordinary magic...in the minds, brains and bodies of children, in their families and relationships and in their communities.”*Masten

The second definition is a good way for school staff to think about resilience. Building pupils' resilience is part of everyday life at St. Hugh's. It does not have to mean major changes or a lot of extra work; it is about the ordinary magic that positive and nurturing relationships have on children and young people.

#### **Good relationships with teachers and other staff**

Resilience is something acquired through experience, although there may be some inherited aspects. It is not about invulnerability, but rather about our capacity to cope. Continuous and extreme adversity is likely to drain the most resilient children.

#### **Resilience in the child**

- Being female (in younger children).
- Secure attachment experience. This means positive early relationships with parents or caregivers.
- Outgoing temperament as an infant.
- Good communication skills and 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.
- The capacity to reflect.

#### **Resilience in families**

- 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.

#### **Resilience in Communities**

- Wide support networks.
- 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 and leisure activities.

### **Academic results**

We also know that pupils with better health and wellbeing are likely to achieve better academic results.

- Social and emotional competencies are a more significant determinant of academic attainment than IQ.
- Pupils who are confident about learning and have a 'growth mind-set' persist when faced with challenges.
- Pupils who can set goals, manage stress and organise their school work achieve higher grades.

It is noted that maintained schools have statutory duties to promote children and young people's wellbeing and statutory responsibilities to provide a curriculum that is broadly based, balanced and meets the needs of all pupils. Under section 78 of the Education Act 2002 and the Academies Act 2010 such a curriculum must:

“promote the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and prepare pupils at the school for the opportunities, responsibilities and experiences of later life.”

Children's wellbeing is influenced by a range of factors and includes their subjective feelings as well as social, physical and psychological aspects of their lives. Consequently schools are key places for shaping general wellbeing. The health and wellbeing of children and young people contributes to their ability to benefit from good quality teaching and to achieve their full academic potential. A report on our children's health by the chief medical officer of England highlighted that:

“promoting physical and mental health in schools creates a virtuous circle reinforcing children's attainment and achievement that in turn improves their wellbeing, enabling children to thrive and achieve their full potential.”

Academic success has a strong positive impact on children's subjective sense of how good they feel their lives are (life satisfaction) and is linked to higher levels of wellbeing in adulthood. In turn children's overall level of wellbeing impacts on their behaviour and engagement in school and their ability to acquire academic competence in the first place.

A UK study published by the Department for Education (DfE) found that pupil wellbeing predicted their later academic progression and engagement in school. For example, pupils with better emotional wellbeing at age seven had a value-added key stage 2 score 2.46 points higher (equivalent to more than one term's progress) than pupils with poorer emotional wellbeing.

A number of specific social and emotional competencies have positive effects on academic achievement:

- pupils who are confident about their learning and who have a 'growth mindset' (they believe their most basic abilities can be developed through dedication and hard work) persist when faced with challenges
- pupils who can set goals, manage stress and organise their school work achieve higher grades
- pupils who use problem-solving skills to overcome obstacles do better academically

Social and emotional competencies have been found to be a more significant determinant of academic attainment than IQ.

The physical and social environment in which staff and pupils spend a high proportion of every weekday may have profound effects on their physical, emotional and mental health as well as affecting their attainment.

Positive relationships between teachers and pupils, and between pupils, are critical in promoting pupil wellbeing and encouraging them to avoid risky behaviour. Having a sense of belonging to school and having good teacher-pupil relationships contribute to pupils liking school. The level of school engagement pupils feel with their schools is strongly associated with their attainment.

Pupils' social relationships and interactions with each other are also significant predictors of academic performance. Disruptive classroom behaviour directly influences pupil attainment. Bullying at school is one of the strongest predictors of wellbeing. Being bullied during the later years of primary school has a strong association with lower attainment in secondary school. School belonging is higher in schools where children feel safe and have lower levels of bullying, and these have been found to be more likely to be high-achieving schools.

The organisational features of some schools may actively undermine such relationships, for example, via limited involvement of students in decision-making, which may result in some students feeling they do not have a 'stake' in their school community.

Children and young people who are aerobically fit have higher academic scores. The intensity and duration of exercise are both linked to improved academic performance, including GCSE results at age 15 and notably girls results in science.

Physical activity has been linked to improved classroom behaviour across the whole school. Notable among the benefits are improved pro-social behaviour and peer relationships, with resulting reductions in disruptive classroom behaviour.

Participation in extra-curricular activities also has a positive effect on attainment.

A whole school approach is one that goes beyond the learning and teaching in the classroom to pervade all aspects of the life of a school including:

- culture, ethos and environment: the health and wellbeing of students and staff is promoted through the 'hidden' or 'informal' curriculum, including leadership practice, the school's values and attitudes, together with the social and physical environment
- learning and teaching: using the curriculum to develop pupils' knowledge, attitudes and skills about health and wellbeing
- partnerships with families and the community: proactive engagement with families, outside agencies, and the wider community to promote consistent support for children and young people's health and wellbeing

### Specifically, what does this mean we will do at St. Hugh's in practice?

As part of the Government's Green Paper "three pillar" strategy of a Designated Senior Lead for Mental Health in every school, new Mental Health Support Teams linked to schools and trials of a four-week waiting time for CAMHS (Child and Adolescent Mental Health Services) at St. Hugh's the Head of Pastoral Care is our Designated Senior Lead for Mental Health.

Although our pupils may have exam pressure in order to pass the 11 plus or CE exams, we continue to have a broad curriculum with creative and sporting outlets for pupils to express themselves and help relieve daily pressures. We also help to build resilience with annual exams from Year 3 in order to build familiarity as well as providing study and revision skills to empower pupil confidence in their learning. Curriculum Clinic and 11 plus hobby slots also provide support.

Increasingly the nationwide picture is that social media may be adding to mental wellbeing issues. At St. Hugh's, considering the age of our pupils and the no phone policy in school we are able to mitigate this area, however it cannot be fully ignored. Online games, such as Fortnite as well as the Year 7 & 8s increasingly gaining an online social media presence as part of ICT and PSHEE lessons online safety is covered.

Following the recommendations of Dr Pooky Knightsmith in the Green Paper, within our Early Years we can build on opportunities to promote emotional resilience and help prevent mental health and wellbeing problems later in life such as by the use of Growth Mindset and the Learning Dispositions.

The 4 key points from the evidence of The link between pupil health and wellbeing and attainment 2014 are:

1. Pupils with better health and wellbeing are likely to achieve better academically.
2. Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement.
3. The culture, ethos and environment of a school influences the health and wellbeing of pupils and their readiness to learn.
4. A positive association exists between academic attainment and physical activity levels of pupils.

#### **Physical Activity**

As a consequence of our extensive PE, games, fixtures and hobbies curriculum our pupils hugely benefit in terms of culture, ethos and environment .

#### **School culture**

The culture of St. Hugh's is vitally important. It helps for the whole school community to be working towards positive outcomes for all pupils, especially the most vulnerable.

- Build relationships. Spotting the signs and symptoms of possible mental health issues relies on having a relationship with that child, so that you can notice when their behaviour is different from what is normal for them. The more relationships a child has in school the better, because it is more likely that they will feel safe and comfortable enough to speak up when they are struggling.
- Observe (with ears as well as eyes).
- Be emotionally available.
- Create a climate where children feel able to access resources.
- Reflect not react.
- Understand behaviour as communication.
- Make information available.
- Signpost - have St. John Ambulance style posters displayed around school; see annex at end of policy.
- Be prepared to take the first step.
- See the world from their perspective – it might look very different.
- Value appropriate opportunities for a child to take decisions and responsibility.
- Hang on in there – it might be a long and rocky ride.
- Provide mindfulness opportunities within the hobby timetable, such as colouring, yoga and the like

### **School staff**

Create a positive school culture where everyone in the St. Hugh's community is helped to understand the positive impact they can have on young people's mental health. All staff are encouraged to feel empowered to create safe and nurturing spaces and relationships with young people in school, making the most of all interactions. Very like safeguarding, the mental health and emotional wellbeing of pupils is everybody's business.

- Listen non-judgementally.
- Acknowledge the child or young person's emotional distress.
- Encourage the pupils to identify their own support network and encourage them to access other types of support.
- Recognise your limitations and refer to appropriate people and services when necessary. It is vital to refer young people as early as possible to get the help and support they need.
- Explain to the pupils what is going to happen next.
- Make sure that you have time and space to reflect and look after yourself too. Dealing with complex behaviour and young people struggling with their mental health can be draining, upsetting and exhausting. It is important to debrief with SMT or peers to ensure that you are well supported.

### **Staff Training**

Staff trained by [Mental Health First Aid England](#) are:

Youth Mental Health First Aiders

- Bernie Costello
- Flora Bonner-Mackenzie

Youth Mental Health First Aid Champions



- Jeremy Wyld
- Richard Goodhand
- Ann-Marie Hainsworth

All staff have undertaken in June 2018 the Educare course Mental Wellbeing in Children and Young People and 7 staff took NCFE L2 Certificate in Understanding Children & Young People's Mental Health in June/July 2019.

Julie Turbin is available on Monday's for 1-to-1 support with pupils who have been identified as requiring additional wellbeing support. As required external councillors are brought into usage.

### **Next Steps**

**If any member of staff has any concerns with regards to a pupil, or colleague, then they are encouraged to discuss it with the pupil's form tutor, trained staff named above, or any member of the Senior Management Team.**

Policy Last Reviewed	Autumn 2019
Policy Next Reviewed	Autumn 2020
Staff Responsible	Head of Pastoral Care
Governor Review	n/a
ISI Reference	n/a
Website	Yes

**YOUR**

# MENTAL HEALTH FIRST AIDERS

Name

Mr Mrs Bonner-Mackenzie

Mr Mrs Costello

Telephone

Mr Wyld

Mr Goodhand

Name

Miss Hainsworth

Telephone

**Are you feeling...**

...Under pressure?

...Lonely?

...Annoyed?

...Unhappy?

...Confused?

...Anxious?

...Overwhelmed?

**TALK TO US**

**Your Mental Health First Aiders are here for you.**

Do you or a colleague need emotional support?  
Talking to us could be your first step to feeling better.

We're not healthcare professionals, but we are trained to  
listen and guide you to appropriate support, if you need it.