



# Mental Health Promotion at Belmont School

Ratified by Governing Body 2nd July 2020

Next Review date

7/1/21

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**This document has been developed and cross-referenced with the following policies and procedures. It is vital that all staff members have read and understood how the individual documents combine and relate to Mental Health Promotion at Belmont School:**

***Relevant Policies, procedures and planning***

- Anti-bullying
- Behaviour for Success
- Staff Code of Conduct
- Safeguarding and Child Protection
- Dignity at work
- Employee Absence and Reporting
- Lockdown
- Learning Policy
- Supporting Pupils With Medical Needs
- E-Safety and Acceptable User Policy
- Staff Support structures
- Suicide
- Self-harm
- Child Absence
- Home/School link
- PHSE (curriculum and linking to all aspects of school life)
- Whistleblowing

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## **Belmont School's Vision**

**Development of the whole school learning community promotes personalised and independent learning throughout the learning journey for pupils and adults. Pupil voice informs all school development priorities – every child, every day make us ‘Stronger Together’.**

**At Belmont School we aim to provide a happy secure environment in which children thrive and develop intellectually, emotionally, socially and physically, thus making a positive contribution to their community.**

**At Belmont we develop a curriculum which:**

- Creates an aspirational high achievement culture – **Aiming high.**
- Takes into account individual needs and styles - **Inquisitive.**
- Allows everyone to experience success – **Social connection and Mindful.**
- Raises standards of attainment – **Leaders of Learning.**



Having a better understanding of how we promote ‘Mental Health’ at Belmont School means that as a staff, we are able to create a welcoming, caring learning community where relationships are based on mutual respect. As a learning community, we acknowledge our essential role of being able to identify and signpost support to promote positive and respectful relationships that enables everyone to feel valued, happy and able to succeed in a safe environment.

We recognise that mental health is a crucial factor in children’s overall wellbeing and can affect their learning and achievement. Everyone goes through ups and downs during their school career and some face significant life events.

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The Department for Education (DfE) recognises that: *“in order to help their children 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 children’s wellbeing and can help engender a sense of belonging and community

As a Rights Respecting School, we promote a calm, caring, safe and orderly learning environment that is free from discrimination, stereotyping and derogatory language. We create an open culture where we work together to support any form ‘internal and external suffering’, where children are taught to understand how to keep themselves and others safe and trust adults to take rapid and appropriate action to resolve any concerns that they have. We ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children 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.

**Safeguarding remains ‘EVERYONES’ BUSINESS AT BELMONT SCHOOL.’**

**Therefore, the aims of this document are:**

- To provide an integrated and consistent whole school approach
- To promote mental health and well being
- To develop resilience for staff and students
- To strengthen staff and students’ sense of control, resilience and the ability to cope with life’s challenges

Through our aims, we help develop the protective factors which build resilience to mental health problems and to be a school where we:

- Value everyone
- Promoting social and emotional learning and life skills
- Preventing emotional and behaviour problems
- Build a sense of belonging and safety for pupils and their families as well as staff who work at Belmont
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma
- Identifying and intervening in emotional and behaviour problems early
- Providing interventions for any emotional and behaviour problems
- Focus on maximising protective factors and minimising vulnerability factors
- Develop a relevant and accessible PHSE curriculum for the students
- Developing mentally healthy staff

**Positive mental health definition:**

Positive mental health is part of an individual’s overall health and is linked to their well-being

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*W.H.O Mental Health is 'A state of well-being in which the individual realises their own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community'.*

Mental health and wellbeing 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, achieve and be resilient.**

## Staff 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 children with mental health needs get 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 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 should 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 following diagram lists possible identification of protective and vulnerability factors in mental health (appendix 1 - lists a more extensive list on vulnerability - risk and positive/protective factors).

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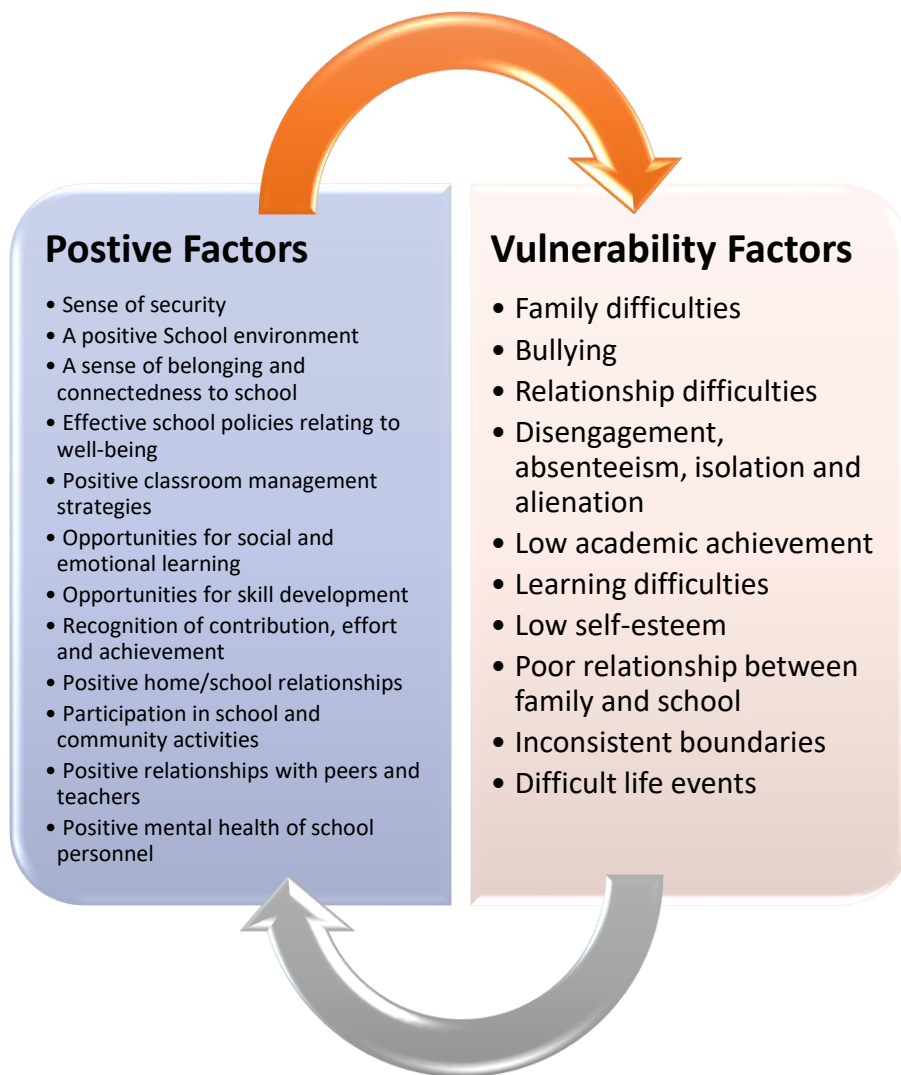
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Our SENDCO and School Counsellor have completed the Mental Health at Work First Aid training and lead the Social, Emotional & Mental Health Needs by:

- **Leading and working with other staff to coordinate whole school activities to promote positive mental health and wellbeing.**
- **Support the PSHE Lead regarding teaching about mental health across all year groups as part of the New Statutory Guidance.**
- **Provide advice and support to staff and organise CPD events and updates.**
- **Is the first point of contact with mental health services, and makes individual referrals to them e.g. in school Mental Health First Aider.**

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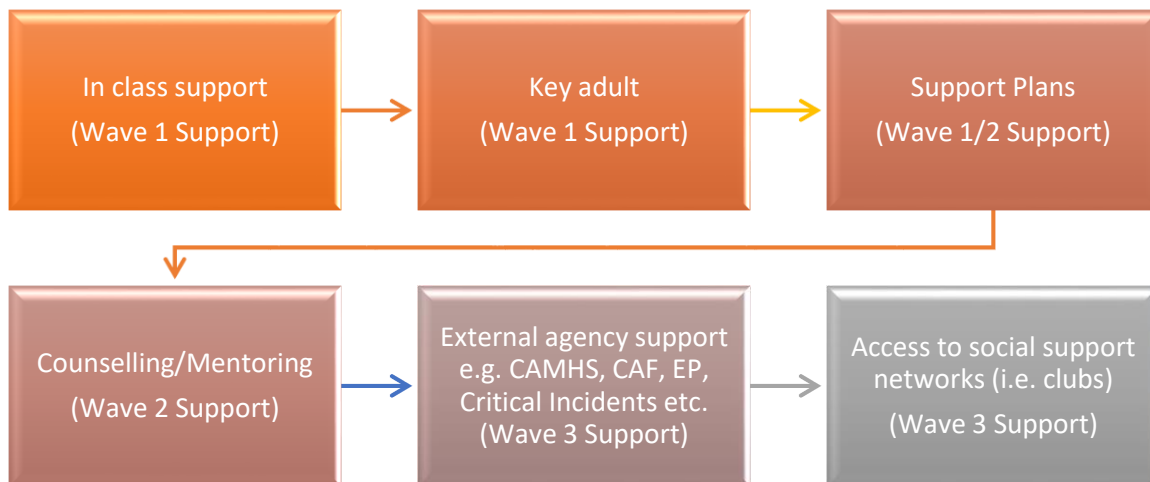
We recognise that many behaviours and emotional problems can be supported within the School environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs and their families.

## Identifying, referring and supporting children with mental health needs

How we support our pupils at Belmont School:

- **Provide a safe environment to enable children to express themselves and be listened to.**
- **Ensure the welfare and safety of children are paramount.**
- **Identify appropriate support for children based on their needs.**
- **Involve parents and carers when their child needs support.**
- **Involve children in the care and support they have.**
- **Monitor, review and evaluate the support with children and keep parents and carers updated.**

The following diagram provides details of interventions for any emotional and behaviour problems support at Belmont School



The following diagram shows how staff at Belmont promote social and emotional learning and life skills:



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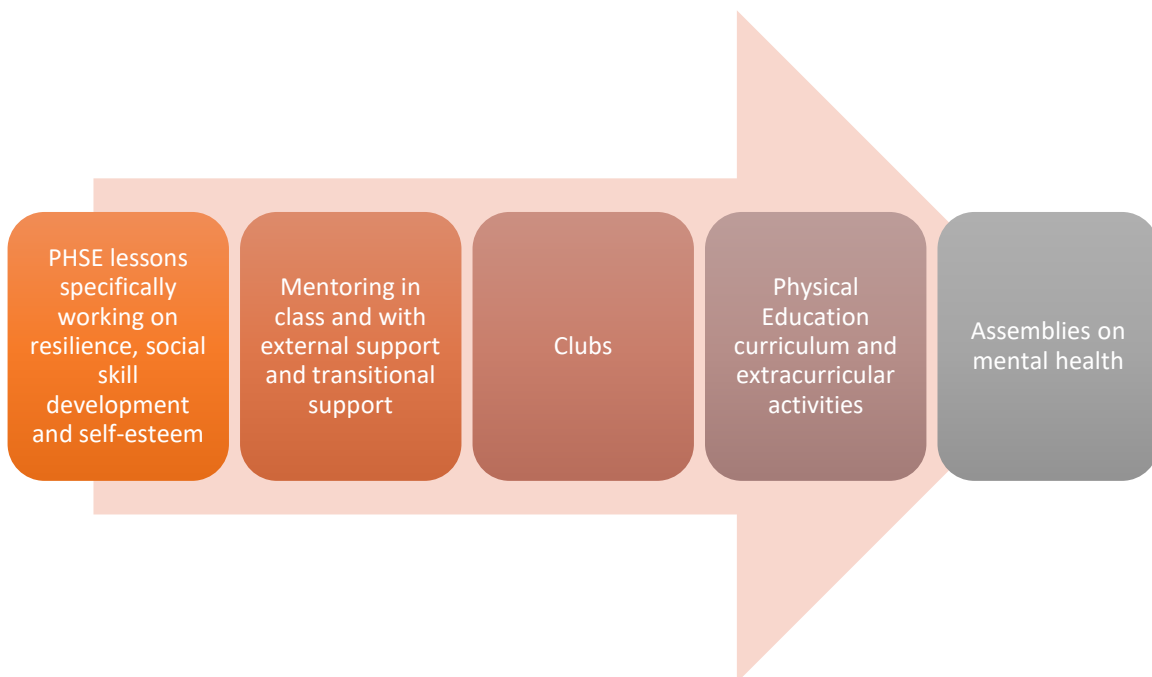
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Our identification and intervening in emotional and behaviour problems early system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways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

- SDQ - Social Difficulty Questionnaires/RCADS (Revised Children's Anxiety and Depression Scale)/Conners Scale
- Analysing behaviour, exclusions, visits to the medical room, attendance and sanctions recorded on CPOMs.
- Staff report concerns about individual children to the relevant lead persons via Cause for Concern form.
- Pupil Progress Reviews – half termly
- Regular meetings for staff to raise concerns.
- Parent/carers referrals
- Gathering information from a previous school at transfer.
- Parental meetings in EYFS.
- Enabling children to raise concerns to any member of staff.
- Enabling parents and carers to raise concerns to any member of staff.
- Clear policies and procedures for a whole school approach in identifying and managing emotional and behavioural difficulties
- Clear support structures for staff to manage the process
- Clear structure of interventions to be implemented

Staff, Parents and carers may observe the following signs:

- Isolation from friends and family and becoming socially withdrawn.
- Changes in activity or mood or eating/sleeping habits.
- Falling academic achievement.
- Talking or joking about self-harm or suicide.



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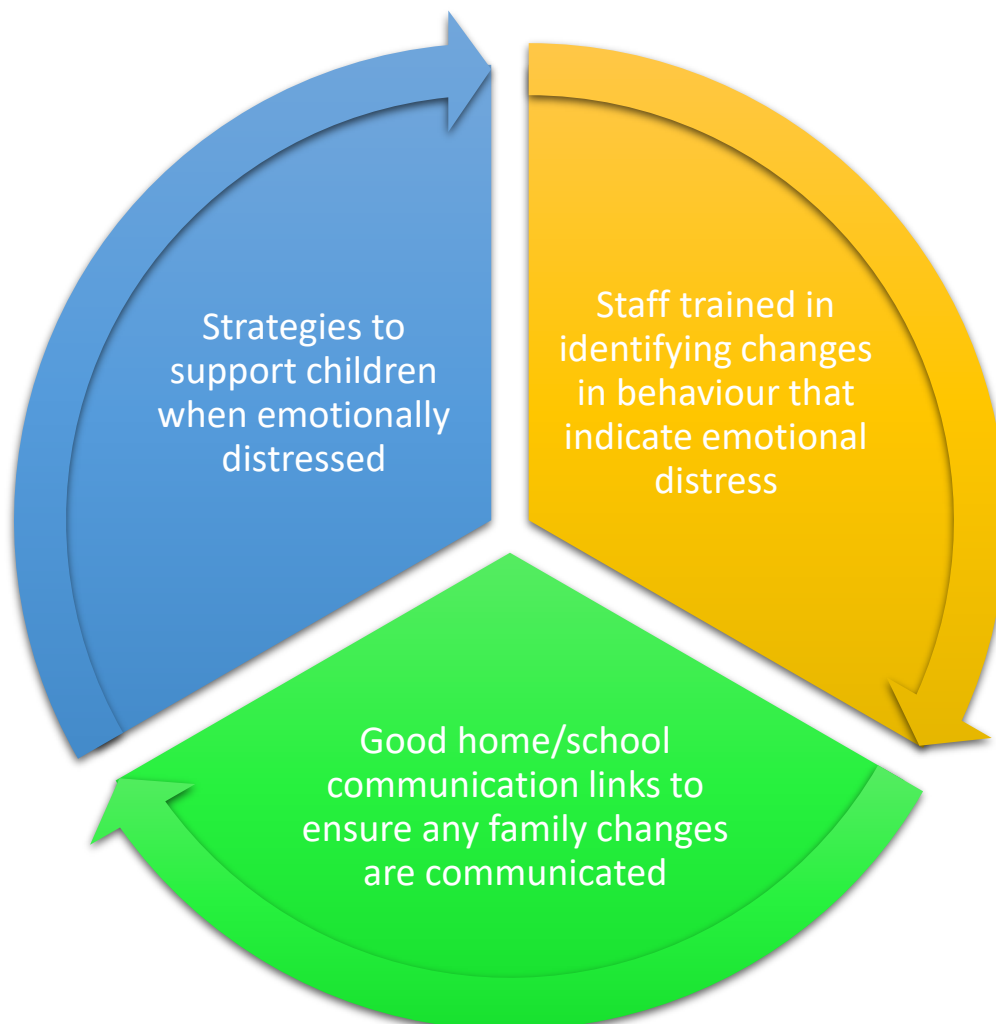
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- Expressing feelings of failure, uselessness or loss of hope.
- Secretive behaviour.
- An increase in lateness or absenteeism.
- Not wanting to do PE or get changed for PE.
- Wearing long sleeves in hot weather.
- Drugs or alcohol misuse.
- Physical signs of harm that are repeated or appear non-accidental.
- Repeated physical pain or nausea with no evident cause.

Below is a working model of how we work towards the prevention of emotional and behaviour problems in school and home settings:



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## Assessment, Interventions and Support

All concerns are reported to the SENDCo and are recorded. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need, from either 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.

<u>Need</u>	<u>Evidence-based Intervention and Support</u>	<u>Monitoring</u>
The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children	The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children For example	
<b>Low Need</b>	General support e.g.: <ul style="list-style-type: none"> <li>In class teacher/TA check-ins.</li> <li>Meeting with Parents/carers</li> <li>Attending lunchtime/afterschool activities</li> </ul>	In class Monitoring, using current reporting systems.
<b>Some need</b>	<ul style="list-style-type: none"> <li>Access to in school nurture group</li> <li>Early intervention Support</li> <li>Play therapy</li> <li>Educational psychologist</li> <li>1:1 intervention – personalised interventions</li> <li>Small group intervention such as skills for life/wellbeing programmes, circle of friends.</li> <li>Referral to School Counsellor via SENDCo</li> <li>Harrow Horizons</li> </ul>	<p>All children needing targeted individualised support will have an Individual support plan for Social, Emotional and Mental health drawn up by the class teacher, setting out</p> <ul style="list-style-type: none"> <li>The needs of the children</li> <li>How the pupil will be supported</li> <li>Actions to provide that support</li> <li>Any special requirements</li> </ul> <p>Children and parents/carers will be involved in the plan.</p>
<b>Highest need</b>	<ul style="list-style-type: none"> <li>Referral to School Counsellor via SENDCo</li> <li>Referral to Harrow Children's service.</li> <li>CAMHS-assessment,</li> <li>Consultation with Designated Safeguarding Lead</li> <li>Referrals to other external agencies</li> <li>If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report</li> </ul>	<p>The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g. through a pre and post SDQ and if needed a different kind of support can be provided.</p> <p>The support plan is overseen by the SENDCo/Mental Health First Aiders.</p>

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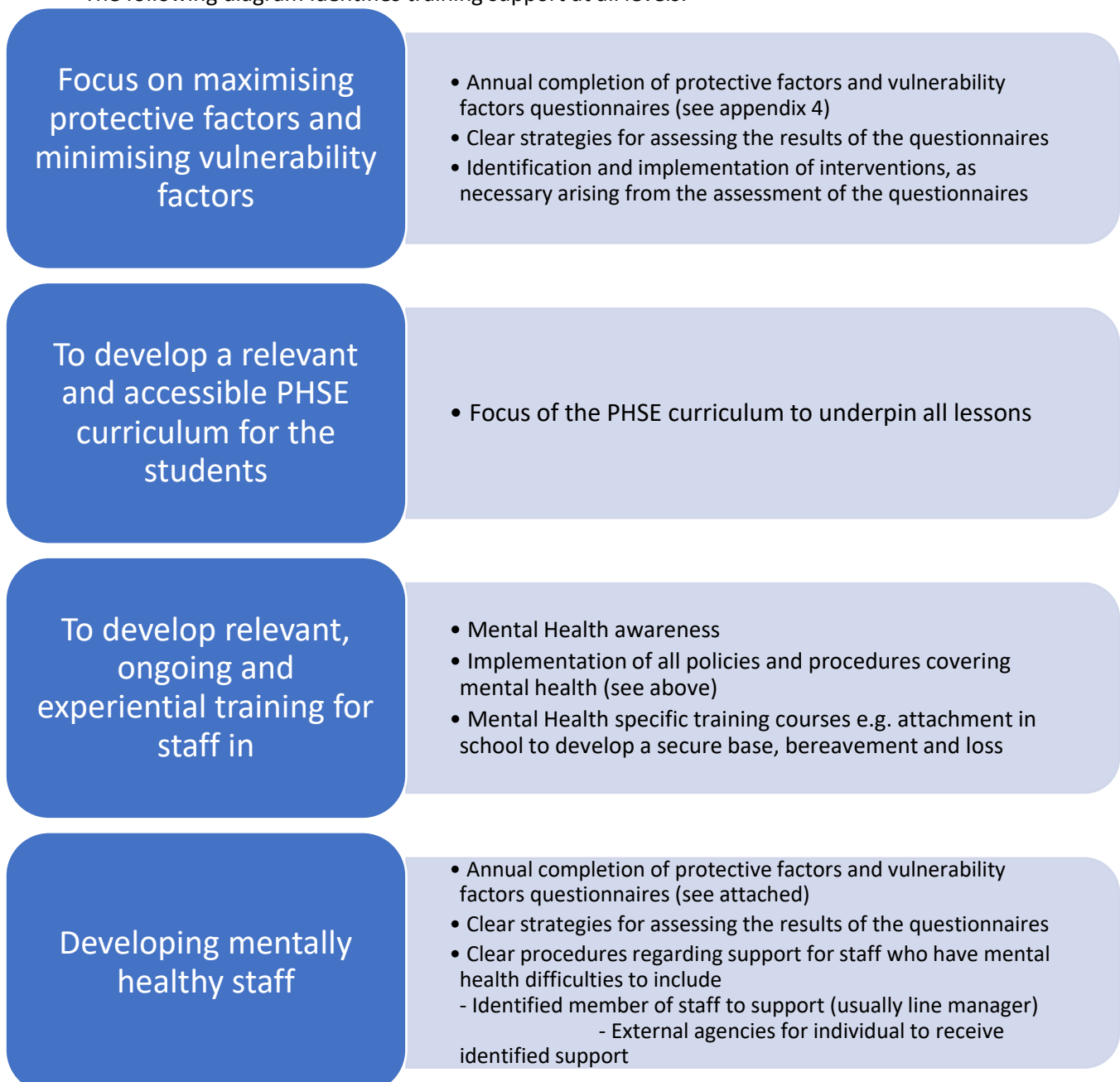
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## Staff training and development

At Belmont, we are committed to providing staff with the most up-to-date relevant training. 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 children and know what to do and where to get help. Our Mental Health Leads are qualified 'mental health first aider'.

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

The following diagram identifies training support at all levels:



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## Disclosures by children and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgemental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our children is paramount and staff need to listen rather than advise. Staff need to make it clear to children that the concern will be shared with the relevant Senior Leadership Team member and Safeguarding Leads and recorded, in order to provide appropriate support to the pupil.

All disclosures are recorded on CPOMS and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

When a concern has been raised, the School will:

- **Contact parents and carers and meet with them in almost all cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified)**
- **Offer information to take away and places to seek further information**
- **Be available for follow up calls.**
- **Make a record of the meeting.**
- **Agree targets and support documented on individual support plans including clear next steps.**
- **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 provided.**

Parents and carers will always be informed if their child is at risk of danger and children may choose to tell their parents and carers themselves. We give children the option of informing their parents and carers about their mental health needs for themselves or of accompanying and supporting them to do so.

We make every effort to support parents and carers to access services where appropriate. Our primary concern is the children, 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.

## Assessment, Interventions and Support

All concerns are reported to the relevant Senior Leadership Team member and Safeguarding Leads and recorded. We then implement our assessment system, which is based on levels of need to ensure that children 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.

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## **Appendix 1 - Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)**

	<b>Risk factors</b>	<b>Protective factors</b>
<b>In the child</b>	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Low IQ and learning disabilities</li> <li>• Specific development delay or neuro-diversity</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• A positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
<b>In the family</b>	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse, or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long term relationship or the absence of severe discord</li> </ul>
<b>In the school</b>	<ul style="list-style-type: none"> <li>• Bullying including online (cyber)</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Peer on peer abuse</li> <li>• Poor pupil to teacher/school staff relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• Staff behaviour policy (also known as code of conduct)</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Good pupil to teacher/school staff relationships</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> <li>• Positive friendships</li> <li>• Effective safeguarding and Child Protection policies.</li> <li>• An effective early help process</li> <li>• Understand their role in and be part of effective multi-agency working</li> <li>• Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively</li> </ul>

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<b>In the community</b>	<ul style="list-style-type: none"><li>• Socio-economic disadvantage</li><li>• Homelessness</li><li>• Disaster, accidents, war or other overwhelming events</li><li>• Discrimination</li><li>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li><li>• Other significant life events</li></ul>	<ul style="list-style-type: none"><li>• Wider supportive network</li><li>• Good housing</li><li>• High standard of living</li><li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li><li>• Opportunities for valued social roles</li><li>• Range of sport/leisure activities</li></ul>
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## **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-in-schools--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

## **Appendix 3 - Where to get additional information and support**

For support on specific mental health needs:

- Anxiety UK [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)
- OCD UK [www.ocduk.org](http://www.ocduk.org)
- Depression Alliance [www.depressoinalliance.org](http://www.depressoinalliance.org)
- Eating Disorders [www.b-eat.co.uk](http://www.b-eat.co.uk) and [www.inourhands.com](http://www.inourhands.com)
- National Self-Harm Network [www.nshn.co.uk](http://www.nshn.co.uk) or [www.selfharm.co.uk](http://www.selfharm.co.uk)
- Suicidal thoughts Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

For general information and support:

[www.youngminds.org.uk](http://www.youngminds.org.uk) - champions young people's mental health and wellbeing

[www.mind.org.uk](http://www.mind.org.uk) - advice and support on mental health problems

[www.minded.org.uk](http://www.minded.org.uk) - e-learning

[www.time-to-change.org.uk](http://www.time-to-change.org.uk) - tackles the stigma of mental health

[www.rethink.org](http://www.rethink.org) - challenges attitudes towards mental health