

ASHTON GATE PRIMARY SCHOOL



MENTAL HEALTH POLICY

Date Adopted: December 2023

Review Date: December 2025

Ashton Gate Primary School Mental Health Policy

“Schools have an important role to play in supporting the mental health and wellbeing 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

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

<ul style="list-style-type: none">• SEND• Behaviour• Attendance• PSHE/Healthy Eating• Staff Wellbeing Policy	<ul style="list-style-type: none">• Anti-bullying• Safeguarding and Child Protection• PE• SMSC
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Objectives

1. To promote life skills across the curriculum so that pupils will learn about mental, emotional, social and physical wellbeing.
2. To ensure that the good health, wellbeing 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, wellbeing and mental health of all and that they underpin everything that we do.

Strategies

1. We will appropriately promote the health, wellbeing 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 leader’ and link governor for mental health with responsibility for the oversight of this policy and strategy for ensuring the mental wellbeing 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 wellbeing across the curriculum, these will include mental, emotional, social and physical and spiritual wellbeing; 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 wellbeing, 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’ wellbeing and mental health.
9. We will use the stress policy to ensure that the health and wellbeing including mental health of staff is a priority.
10. We will provide safe and healthy working conditions for all in school.

Outcomes

Ashton Gate is committed to promoting and maintaining the good health and wellbeing, 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 wellbeing of all.

Key Points and Principles

- At Ashton Gate Primary 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 wellbeing.
- Education about relationships, sex and health are important vehicles through which we can teach pupils about mental health and wellbeing.
- A consistent whole school approach is essential to promoting positive mental health and wellbeing.
- **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, the school needs to be alert to how mental health problems can underpin behaviour issues in order 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. There are a tools in school to support with this, such as the Strength and Difficulties Questionnaire (SDQ) and the Boxall Profile, which can support in this process.
- It is important that staff at Ashton Gate have an understanding of the local services available, including the School Nurse, as well as national organisations. The school's Designated Lead for Mental Health will work closely with the SENDCO in order to ensure that the list of local services available remains up to date.
- The school has Mental Health First Aiders for pupils and staff:
 - [Designated Lead for Mental Health – Gareth Jones/Sophie Sowden](#)
 - [Pupil Mental Health First Aider – Ceri Wootten](#)
 - [Pupil Mental Health First Aider – Sarah Kewley \(Ashton site\)](#)
 - [Pupil Mental Health First Aider – Sarah Edwards \(Upton site\)](#)
 - [Adult Mental Health First Aider – Donna Scriven](#)

Creating a whole school culture at Ashton Gate

The health and wellbeing 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 wellbeing of pupils and staff is further promoted through:

Teaching

- using the curriculum to develop pupil's knowledge about health and wellbeing.

Partnerships

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

Calm, dignity and structure encompass every space and activity at Ashton Gate

At Ashton Gate we emphasis the importance of promoting positive mental wellbeing through:

- Teaching through PSHE, including Relationships and Sex Education
- Access to a mental health first aider
- Positive classroom management in line with the school's behaviour policy, using reasonable adjustments for identified children, where relevant.
- Social skills interventions
- Working with parents and carers to promote positive wellbeing at home.

At Ashton Gate Primary 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. Class Council and School Council)
- have opportunities to celebrate academic and non-academic achievements (e.g. Praise Assembly)
- have their unique talents and abilities identified and developed (e.g. extra-curricular clubs)
- Have opportunities to develop a sense of worth through taking responsibility for themselves and others. (e.g. residential, school trips)
- have opportunities to reflect (e.g. Circle Time and Collective Worship)
- 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 Ashton Gate Primary 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 wellbeing 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 professionally
- 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 Ashton Gate Primary 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

Ashton Gate's 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).

At Ashton Gate we know that early intervention is crucial in supporting pupils. The school role is:

Prevention

- At Ashton Gate we have a safe and calm environment for all pupils, staff and visitors.
- Pupils are taught about mental health and wellbeing through the curriculum and reinforcing this through school teaching and ethos.

Identification

Recognising emerging issues as early and accurately as possible.

Early Support

Helping pupils to assess evidence based early support and interventions

Access to specialist support

Working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

Safeguarding

If staff have a mental health concern that is also a safeguarding concern, immediate action must be taken, in line with the school's Safeguarding and Child Protection Policy.

Understanding the link between mental health and behaviour

"Mental health is defined as a state of wellbeing 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 Ashton Gate 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, as a result 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 Ashton Gate we understand that **only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.**

Ashton Gate 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 have an understanding of 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
<ul style="list-style-type: none">• Genetic influences• Low IQ and learning disabilities• Specific development delay or neuro-diversity• Communication difficulties• Difficult temperament• Physical illness• Academic failure• Low self-esteem	<ul style="list-style-type: none">➤ 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
<ul style="list-style-type: none"> • 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 • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> ➤ 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	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships 	<ul style="list-style-type: none"> • 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 raise concerns about policies and processes, and know they will be dealt with fairly and effectively

In the community	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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, Ashton Gate 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, Children in care and previously looked-after children

At Ashton Gate 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 taken into account 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, in order 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.

Ashton Gate's Designated Safeguarding Lead is able to advise on children in care and previously looked after children (CiC and PLAC). Where a member of staff has concerns about a child in care's behaviour, the Designated Safeguarding Lead should be informed at the earliest opportunity so they can help decide how to support the child to improve their behaviour. Where a

member of staff has concerns about the behaviour of a previously looked-after child, advice will be sought from the school's Safeguarding Lead 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 Safeguarding Lead, following discussions with the child's parents, may seek further advice 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 SEND or disability that a pupil may have. The Head of School will also consider the use of a multi-agency assessment for a pupil who demonstrates persistent disruptive behaviour. Such assessments may pick up unidentified SEND 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 SEND. But persistent or serious mental health difficulties will often meet the definition of SEND, 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 and the Designated Lead for Mental Health. The SENDCO and DLMH will then determine the relevant process to help further identify and support needs. This will include tools such as the Strength and Difficulties Questionnaire (SDQ) as well as the Boxall Profile. 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 and DLMH 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 Early Help Process and other professionals involved (e.g. School Nurse, Educational Psychologist) as needed.

If a parent has a concern about their child, they also have the option to speak to the School Nurse directly at one of the termly drop in sessions held in school. No appointment is needed for these and the nurse can provide confidential support and advice.

Procedures when concerned about an Individuals' Mental Health and risk of self-harm

- If any adult in school has a concern regarding a pupil or adult within school, then this should immediately be referred to a designated child protection officer.
- 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.
- Human Resources will be contacted when in relation to a member of staff.
- If the incident involves a parent, the Designated Safeguarding Lead or one of the Deputy Designated Safeguarding Leads should once again be contacted. They may then decide to contact social services.
- A written account of the concern should be recorded on CPOMS as soon as possible but this must be the same day.
- A risk assessment may be required.

