



## **Mental Health & Wellbeing Policy**

**Aspire | Commit | Succeed**

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**Date of Policy: Spring 2021**

**Staffing and Students Committee**

**Review Date: Spring 2023**

**The School will ensure that the policy is applied fairly to all employees and does not have a negative impact in relation to the school's equality strands: race, sex, religion**

**and belief, sexual orientation, age, disability, gender reassignment, marriage and civil partnership and pregnancy and maternity.**

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## **1. Introduction**

At Alperton Community School, we aim to promote positive mental health for our school community. We recognise the importance of mental and emotional wellbeing, equally to physical health. Mental health contributes significantly to students achievement and happiness in the school environment.

The Department for Education (DfE) recognises that: “in order to help their students succeed; schools have a role to play in supporting them to be resilient and mentally healthy”.

We aim to provide a nurturing and supportive environment that has the potential to develop students self-esteem and give positive experiences for overcoming adversity and building resilience.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where

- All students are valued
- Students have a sense of belonging and feel safe
- students feel able to talk openly with trusted adults about their problems without feeling any stigma
- Positive mental health is promoted and valued
- Bullying is not tolerated

In addition to children’s wellbeing, we recognise the importance of promoting staff mental health and wellbeing. (Section 13)

## **2. Policy Summary**

This policy sets out

- How we promote positive mental health
- How we prevent mental health problems
- How we identify and support students with mental health needs
- How we train and support all staff to understand mental health issues and spot early warning signs to
- help prevent mental health problems getting worse and support students
- Key information about some common mental health problems
- Where parents, staff and students can get advice and support

## **3. Definition of mental health and wellbeing**

We use the World Health Organisation’s definition of mental health and wellbeing

*“ a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his 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 and achieve

#### **4. Policy consultation**

The development of this policy was led by our Mental Health lead and Wellbeing coordinator in consultation with students, staff, parents, carers and the lead Child and Adolescent Psychotherapist from the Brent Centre for Young People (BCYP)

In developing this policy we have taken account of

- Keeping Children Safe In Education (KCSIE) 2018
- Mental Health and Wellbeing Provision in Schools DfE 2018
- Mental Health and Behaviour in schools DfE 2018
- Promoting children and young people’s emotional health and wellbeing Public Health England 2015
- PSHE Association - Teacher guidance: teaching about Mental Health and emotional wellbeing. Updated for 2019
- Child Protection Policy (January 2021)
- PSHEE Policy 2018
- DfE Policy Paper: Reducing teacher workload 2018

#### **5. Links to other policies**

This policy links to our policies on Safeguarding, Child Protection, SEND, Behaviour, Anti-Bullying and PSHEE. Links with the behaviour policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

#### **6. A whole school approach**

We take a whole school approach to promoting positive mental health that aims to help students

become more resilient, be happy and successful and prevent problems before they arise.

This encompasses 8 aspects

- Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
- Helping students to develop social relationships, support each other and seek help when they need to
- Helping students to be resilient learners
- Teaching students social and emotional skills and an awareness of mental health
- Early identification of students who have mental health needs and planning support to meet their needs,
- Including working with specialist services
- Effectively working with parents and carers
- Supporting and training staff to develop their skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues.

### **7. 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 students 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 a 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 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 (*see appendix 1 on risk and protective factors*).

Mental Health Lead

- Leads on and works with other staff to coordinate whole school activities to promote positive mental health
- Provides advice and support to staff and organises training and updates
- Keeps staff up to date with information about what support is available
- Liaises with the PSHE Coordinator on teaching about mental health
- Is one of the first points of contact and communicates with mental health services

- With advice from the Lead Therapist, makes referrals to specialist services

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 students with mental health needs and their families. Support includes:

- Mental Health and Wellbeing Team
- Pastoral Managers / Pastoral Support
- Inclusion Lead
- Safeguarding/Child Protection Lead
- SENCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including students whose mental health problems mean they need special educational provision.
- School Therapists who provide 1:1 therapy and group sessions for students who are referred and offers parent sessions when necessary to support the wellbeing of the students who are referred
- Mental Health First Aiders(MHFA) and Mental Health Champions
- Emotional Literacy Support Assistants (ELSA)
- Educational Mental Health Practitioner (EMHP)

## **8. Supporting students' positive mental health**

We believe we have a key role in promoting students positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches and is continuing to develop strategies and approaches including:

### *Specialist support for students from*

- A school therapist
- The Mental Health Lead
- An Emotional Literacy Support Assistant (ELSA)
- The Educational Mental Health Practitioner (EMHP)
- A Mental Health First Aider (MHFA) or Mental Health Champion
- A member of the safeguarding team

### *Student-led activities*

- Campaigns and assemblies to raise awareness of mental health
- Peer mediation and Peer mentoring

### *Transition programmes*

- Programmes to support transition from Y6 to Y7
- Counselling transition group for vulnerable Y7 students
- Information and programmes of activities to support key transition points ie Option choices, across Key Stages, preparation for work and further/higher education

#### *Activities for students*

- Mindfulness sessions
- Extended Learning Day PSHEE programmes include topics such as 'Them and Us' and 'Your Life, You Choose'
- Morning fitness sessions
- After school Health and Fitness activities
- Workshops eg "Managing Exam Stress" led by EMHP

#### *Whole school*

- Wellbeing programme
- Safeguarding information and activities

#### *Teaching about mental health and emotional wellbeing*

Through PSHE we teach the knowledge and social and emotional skills that will help students to be more resilient, understand about mental health and help reduce the stigma of mental health problems. (see appendix 3 Summary of PSHEE at ACS)

### **ACS students learn**

#### Key Stage 3

- To manage transition to secondary school
- To recognise their personal strengths and how this affects their self-confidence and self-esteem
- To recognise that the way in which personal qualities, attitudes, skills and achievements are evaluated by others, affects confidence and self-esteem
- To accept helpful feedback or reject unhelpful criticism
- To understand that self-esteem can change with personal circumstances, such as those associated with family and friendships, achievements and employment
- What mental health is and types of mental health problems
- Strategies for promoting and managing mental health positively
- Healthy and unhealthy coping strategies
- To be resilient and manage failure positively
- About the emotional aspects of relationships



- To recognise bullying and abuse in all its forms (including prejudice-based bullying both in person and online/via text, exploitation and trafficking) and to have the skills and strategies to manage being targeted or witnessing others being targeted
- To reduce and prevent the stigma of mental health

#### Key Stage 4

- To manage transition to KS4
- Healthy and unhealthy coping strategies
- Strategies for promoting positive mental health and preventing mental health problems
- The cause and symptoms of stress and managing stress, anxiety and depression
- Strategies for managing strong emotions and feelings
- Evaluate the extent to which their self-confidence and self-esteem are affected by the judgments of others
- The impact of separation, divorce and bereavement on individuals and families
- Where to get help and support

### **9. Identifying, referring and supporting students with mental health needs**

#### **Our approach is to:**

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

#### **Early Identification**

Our identification 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:

- Staff report concerns about individual students via the IIG referral process (See appendix 4)
- Analysing behaviour, exclusions, visits to the medical room/school nurse, attendance and sanctions
- Enabling students to raise concerns or self refer-through school Pastoral Manager, form tutor, class teacher, directly to a Mental Health First Aider (MHFA), the Mental Health lead or to any member of staff
- Enabling parents and carers to raise concerns through the Mental Health and Wellbeing Team, Pastoral Manager, form tutor,

- or directly to the Mental Health lead
- Using the Emotional Literacy Checklist (ELQ) and the Strengths and Difficulties Questionnaire (SDQ) to identify individuals who might need support

All staff have had training on the protective and risk factors, types of mental health needs and signs that might mean a student is experiencing mental health problems. Any member of staff concerned about a student will take this seriously and refer to the IIG and/or talk to the Mental Health Lead or Lead Therapist.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn
- Changes in activity or mood or eating/sleeping habits
- Lowering academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of 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

Staff are aware that mental health needs such as anxiety might appear as non compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a student is in danger of immediate harm then the school's **child protection procedures are followed**. If there is a medical emergency then the school's **procedures for medical emergencies are followed**.

### **Disclosures by students and confidentiality**

We recognise how important it is that staff are calm, supportive and non-judgemental to students who disclose a concern about themselves or a friend. The emotional and physical safety of students is paramount and staff listen rather than give advice. Staff make it clear to students that the concern will be shared with the Mental Health Lead and/ or Safeguarding Lead and recorded in order to provide appropriate support to the student.

All disclosures are recorded and held on the student's confidential file.

### **Assessment, Interventions and Support**

All concerns are reported to the Mental Health Lead and or the Lead Therapist via the IIG Referral form. We then implement our assessment system which is based on levels of need to ensure that students 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.

Students are informed that the Mental Health Lead is available when a student is dissatisfied with the level of care and support.

### **Support for friends**

We recognise that when a student is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected. For example, in the case of eating disorders, self harm and other significant mental health disorders, it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case by case basis what support might be appropriate including one to one and/or group support. We will also help families to access the support needed to either assess, or manage their child's difficulties

We will involve the student who is suffering and their parents and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing/saying which may inadvertently cause upset and warning signs that their friend needs help

We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

### **Support for students after inpatient treatment**

We recognise that some students will need ongoing support and the Mental Health Lead will meet with students on a regular basis. We are careful not to "label" students.

We have a duty of care to support students and will seek advice from medical staff and mental health professionals on the best way to support students. We will carry out a risk assessment and produce a care plan to support students to re-integrate successfully back to school.

When a child leaves an inpatient provision and is transitioning back to school we discuss what needs to happen so the transition is smooth and positive

## **10. Working with specialist services to get swift access to the right specialist support and treatment**

In some cases a student's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders.

We have access to a range of specialist services. If a referral is accepted, during the support we will have regular contact with the service to review the support and consider next steps, as part of monitoring the students' Individual Care Plan.

School referrals to a specialist service will be made by the Lead Child and Adolescent Therapist and/ or the Mental Health Lead and/or the Designated Safeguarding Lead following the assessment process and in consultation with the student and his/her parents and carers. Referrals will only go ahead with the consent of the student and parent/carer and when it is the most appropriate support for the student's specific needs. (Referrals will be made without consent if it is believed that it is a Child Protection situation.)

### **SEND and mental health**

Persistent mental health problems may lead to students having significantly greater difficulty in learning, than the majority of those of the same age. In some cases the child may benefit from being identified as having a special educational need (SEN).

## **11. Involving parents and carers**

### **Promoting mental health**

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

On first entry to the school, our parents' meeting includes a discussion on the importance of positive mental health for learning. We ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family (see appendix 1). It is very helpful if parents and carers can share information with the school so that we can better support their child.

To support parents and carers:

- We organise a range of activities such as workshops on helping parents/carers to support their child's learning and emotional and physical wellbeing. Our school therapists may offer parents/carers a session to help them understand a child's presenting problems and discuss strategies to support the young person at home and in school.

- We provide information and websites on mental health issues and local wellbeing and parenting programmes and have produced leaflets for parents on mental health and resilience, which can be accessed on the school website. The information includes who parents can talk to if they have concerns about their own child or a friend of their child and where parents can access support for themselves.

*Supporting parents and carers with children with mental health needs*

- We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also help to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available.

*When a concern has been raised the school will:*

- Contact parents and carers and meet with them
- *(In most cases parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues. Children over the age of 16 are entitled to consent to their own treatment.)*
- Offer information to take away and places to seek further information
- Be available for follow up calls
- Make a record of the meeting
- Agree an individual mental health care plan together with 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

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

We make every effort to support parents and carers to access services where appropriate. Our primary concern are students, 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.

## **12. Involving students**

We seek student's views about our approach, curriculum and promoting whole school mental health

activities.

We always seek feedback from students who have had support to help improve that support and the services they received.

### **13. Supporting and training staff**

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 students and know what to do and where to get help. All teaching and support staff have had Mental Health and Wellbeing training in order to support students, themselves and their colleagues. We will also invest in developing the role of Emotional Literacy Support Assistants. We endeavour to train as many staff as possible to become Mental Health First Aiders or Mental Health Champions.

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.

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. (see Appendix 3 table 3) Staff also have access to a range of services via HR. (see Appendix 3 table 4) All enquiries to HR and or subsequent referrals are treated confidentially. To access support from HR for yourself or on someone's behalf, email Human Resources (HR) directly to book an appointment to speak to a member of the team.

### **14. Monitoring and Evaluation**

The mental health and wellbeing policy is on the school website. All mental health professionals are given a copy before they begin working with the school as well as external agencies involved in our mental health work.

The policy is monitored at a bi-annual review meeting led by the Mental Health Lead and involves staff with a responsibility for mental health, including specialist services supporting the school and governors.

## **15. Appendices**

### **Appendix I**

#### **Chapter 3 – 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 the 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**

3.1 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.

3.2 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 (ADD/ADHD);
- **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; and
- **other mental health problems** including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic depressive disorder.

**3.3 Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.** Non-professional diagnoses, however well meant, can exacerbate or promote mental health problems. Schools, however, are well placed to observe children day-to-day and 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 otherwise go unrecognised.

### **Prevalence of mental health problems in children**

3.4 Mental health problems affect many people, and most schools will have pupils who need some mental health support.



3.5 We know that where a pupil has certain types of Special Educational Need (SEN) there is an increased likelihood of mental health problems. Children with autism or learning difficulties, for example, are significantly more likely to have conditions such as anxiety.

3.6 Children in Need, looked-after children and previously looked-after children are more likely to have SEN and to experience the challenge of social, emotional and mental health issues than their peers. For example, they may struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings (e.g. shame, sadness, anxiety and anger), sensory processing difficulties, foetal alcohol syndrome and coping with transitions and change. Children in Need may be living in very chaotic circumstances and be suffering or at risk of suffering abuse, neglect and exploitation. They may also have less support outside of school. The impact of these circumstances can have wide-ranging impacts on children's own behaviour, their interpersonal behaviour and emotional state.

## **Risk and protective factors**

### **Factors that put children at risk**

3.7 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. These risk factors are listed in table 1.

3.8 Risk factors are cumulative. For example, children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems. Longitudinal analysis of data for 16,000 children suggested that boys with five or more risk factors were almost eleven times more likely to develop conduct disorder under the age of ten than boys with no risk factors. Girls of a similar age with five or more risk factors were nineteen times more likely to develop the disorder than those with no risk factors. Factors that make children more resilient

3.9 Research suggests that there is a complex interplay between the risk factors in children's lives, and the protective factors which can promote their resilience. As social disadvantage and the number of stressful life events accumulate for children, more protective factors are needed to act as a counterbalance. The key protective factors which build resilience to mental health problems are shown alongside the risk factors in table 1, below.

3.10 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. The role that schools play in promoting the resilience of their pupils is particularly important for children with less supportive home lives, who may not have a trusted adult they can talk to. Schools should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

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

	<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>

<p><b>In the school</b></p>	<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 can raise concerns about policies and processes, and know they will be dealt with fairly and effectively</li> </ul>
<p><b>In the community</b></p>	<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> </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>

	<ul style="list-style-type: none"> <li>• Other significant life events •</li> </ul>	
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## Identifying children with possible mental health problems

3.11 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 lack of ability to understand and recognise emotions).

3.12 Where there are concerns about behaviour, the school should instigate an assessment...to determine whether there are any underlying factors such as undiagnosed learning difficulties, difficulties with speech and language, child protection concerns, or mental health problems. **(Mental health and behaviour in schools DfE November 2018. From Chapter 3)**

(The DfE guide does not include specific information on suicidal thought, however:

### **Suicidal Thoughts**

Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs. If we are concerned that a student is experiencing this we have rigorous systems and protocols in place which will address this serious issue. )

## **Appendix 2:**

### **Extract from PSHEE Policy**

**PSHEE**

## PSHEE (Personal, Social, Health and Economic Education)

At ACS the many issues that are within the PSHEE framework are covered in a variety of ways. In lessons, on special days called ELD's and with speakers that are invited in for special assemblies and workshops.

### Approaches to Teaching and Learning in PSHEE

Throughout Years 7-13 it is the aim to enable every student to develop into a healthy, well rounded and responsible adult. This is done through a wide range of active learning styles. PSHEE lessons encourage every student to participate fully and discuss, reflect on and form their own opinions and views. The schemes of work have been structured in order to facilitate our aims in reaching the whole child, use the material to stimulate discussion and allow for pupil participation. In addition to using books, we use resources that are carefully selected to suit the year group. We are also keen for students to learn more about current affairs and allows them to research into certain areas. Students cover all aspects of PSHEE through written work, research tasks and discussions. Engaging, inclusive approaches are used in all lessons to enable students to enjoy and achieve in PSHEE. Teachers are very passionate about PSHEE and this enthusiasm enhances the interest of our students. At the beginning of the year each class devises a set of Ground rules that they all agree to follow.

In lesson: Throughout the week one form time session will be PSHEE focused.

### Issues and area discussed in PSHEE lessons depending on year group include:

Transition and making friends, personal safety, personal growth and changes, healthy lifestyles, self-esteem and confidence, first aid, drugs, alcohol and tobacco and making choices, financial capability, revision and time management, careers and aspirations, emotions, feelings and relationships, conception and contraception, Female Genital Mutilation (FGM), Domestic violence (DV), Child Sex Exploitation (CSE)

Throughout the year speakers are invited in to meet our students in assemblies and on special days. Foreample, Aneeta Prem, founder of Freedom Charity working against

forced marriage met 5 year groups in one day and each student received a copy of her first published book “It’s Not Fair” as well her recently published follow up book “Cut Flowers”. Regarding the theme of health and wellbeing ACS also hosted Andrew Bernard a successful businessman who shared his story of testicular cancer survival.

### Appendix 3

#### Support for staff

**Table 3 Activities/ provision to support staff mental health and wellbeing**

1.	Dedicated folder on drive for staff to access information about Mental Health and Wellbeing
2.	Information to support staff wellbeing published in Bulletin
3.	Termly whole school Wellbeing activities afternoon
4.	Mental Health and Wellbeing PD for staff to equip them to support students
5.	Mental Health and Wellbeing PD for staff to equip them to safeguard their own mental health and wellbeing
6.	Termly social events
7.	Friday breaktime treats in staffroom
8.	<p><b>Professional Development</b></p> <p>a, Regular Monday PD to enable all staff to improve Pedagogy and Practice, carry out marking and moderation during working hours</p> <p>b, Access to external PD</p>
9.	Boxing
10.	Fitness sessions
11.	Table tennis

12.	Football
13.	Use of gym and fitness equipment after school
14.	Peer support, buddying, mentoring
15.	Open door access to the Headteacher
16.	Central communications systems to keep all staff informed
17.	Monthly safeguarding meetings to update and review information, procedures and wellbeing of students and staff
18.	Termly cash awards for attendance

**Table 4 Support accessible via HR**

1.	Comprehensive Supporting and Attendance Policy
2.	Automatic referral to Occupational Health after long term absence or absences pertaining to mental health or muscular skeletal problems
3.	Reasonable adjustments made to support return to work and continuing work
4.	Referral to counsellor at St Charles Hospital (Employee assistance section) to help deal with Stress, Bereavement, personal and / or work issues
5.	Maternity risk assessment and reasonable adjustments made
6.	Flu vaccinations
7.	Provide sign posting to external expertise to support a range of personal issues that are impacting on staff Mental Health and Wellbeing in school
8.	Flexible working policy. All staff can make a request to support their work life balance

#### Appendix 4

### **ACS Mental Health and Wellbeing Referral Process**

1.	Complete online <b>Inclusion and Intervention referral form</b> with as much information as possible. The form is located in the <b>ACS Forms</b> folder on the Staff Home page.
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2.	If you think the matter is urgent speak to either the Mental Health Lead and or, the Lead Therapist as well. If you are unable to speak to either of them refer the student to the CP team as well. Make sure someone is aware and is following the matter up.
3.	Once a referral is received by the Mental Health Lead and the Lead Therapist the MH team agree the best course of action and the matter is followed up. This could mean that a member of the Mental Health (MH) team speaks to the student or, you or, a member of the child Protection (CP) team is asked to speak to the student.
4.	It could mean that the student is assessed by a therapist. Therapists provide an initial assessment and then one to one therapy, group therapy or, do not work with the student if therapy is not appropriate. They will then make a recommendation if therapy is not appropriate. This could include a meeting with the parent/carer. Or,
5.	referred to Mental Health Lead or,
6.	referred to the EMHP (Educational Mental Health Practitioner)
7.	referred to ELSA (Emotional Literacy Support Assistant) or,
8.	referred to a Mental Health First Aider (MHFA) or,
9.	referred to the SEND team for assessment
10.	In an acute emergency the Mental Health team may, with parental permission, attempt to contact the GP or, CAMHS or,
11.	Refer to A&E

## Appendix 5

### Useful email addresses

Human Resources	<a href="mailto:hr@alperton.brent.sch.uk">hr@alperton.brent.sch.uk</a>
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<b>Lead Therapist</b>	<b>School</b>	<a href="mailto:j.duchonova@alperton.brent.sch.uk">j.duchonova@alperton.brent.sch.uk</a>
<b>Mental Lead</b>	<b>Health</b>	<a href="mailto:p.minott-statham@alperton.brent.sch.uk">p.minott-statham@alperton.brent.sch.uk</a>