



SOCIAL, EMOTIONAL AND MENTAL HEALTH POLICY

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INSPIRE MULTI ACADEMY TRUST SOCIAL, EMOTIONAL AND MENTAL HEALTH POLICY

MENTAL HEALTH STATEMENT OF INTENT

Within Plains Farm Academy, we have a whole-school approach to promoting positive mental health and wellbeing within an ethos of high expectations and constant support. Plains Farm Academy is committed to setting a whole school culture of positive mental health and wellbeing, support and values that everyone understands and has ownership over. Staff take part in well planned and purposeful training and work closely with children, parents and carers across our school.

To ensure that through the promotion of positive mental health and wellbeing, children and young people are helped to understand and express their feelings, build their confidence and emotional resilience and therefore their capacity to learn. Across all key stages, we promote kindness to one another and we build upon children's individual resilience and tenacity in all areas of the curriculum in a variety of ways. We equip our children with various strategies to use on a day to day basis to support them to address their feelings and emotions appropriately.

To increase the awareness, understanding and reduce the stigma amongst children, staff and parents/carers of issues involving the mental health and wellbeing of young people and to provide support at an early stage to any child who is or appears to be suffering from mental health issues. Child voice is paramount within Plains Farms and how their voice is responded to by adults within school impacts upon their overall wellbeing.

Mental health and wellbeing is a very varied and complex area and there are no quick fix solutions. Maintaining every day, regular routines wherever possible, such as, attending school and lessons whilst working towards managing mental health is key.

“Mental health is 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.”

World Health Organisation

Aims and expectations

At Plains Farm Academy, we aim to promote positive mental health for every member of our staff and children. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable children.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for children affected both directly, and indirectly by mental ill health.

1. The Policy Aims to:

- Promote positive mental health in all staff and children
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with children with mental health issues
- Provide support to children suffering mental ill health and parents/carers

2. Roles and Responsibilities

At Plains Farm Academy the Head teacher, Leadership team, Teachers and Support staff will have shared responsibility for providing:

2.1 An environment which has:

- A clear and agreed ethos and culture that accords value and respect to all
- A commitment to being responsive to children and young people's needs
- Clearly defined mental health links in school policies
- Clear systems and procedures for internal and external referrals via the SENDco
- Strong, collaborative links with external agencies to provide access to support and information
- A named lead for mental health (Lesley Cassidy, Head teacher) with the expectation that there is support and involvement and an ethos that 'mental health is everyone's business'

2.2 An environment where children:

- Have opportunities to participate in activities that encourage belonging
- Have opportunities to participate in whole school decision making e.g. School Council, Well-being team. Young Leaders
- Have opportunities to celebrate academic and non-academic achievements
- Have their unique talents and abilities identified and developed
- Have opportunities to develop a sense of worth through taking responsibility for themselves and others
- Have opportunities to reflect
- Have access to appropriate support that meets their needs and to have those needs identified

- Have a right to be in an environment that is safe, clean, attractive and well cared for
- Are surrounded by adults who model positive and appropriate behaviours, interactions and ways of relating at all times

2.3 An environment where staff:

- Have their individual needs recognised and responded to in a timely, appropriate manner
- Have a range of strategies that support their mental health, eg Named Mental Health Champions, access to a safe, comfortable space, access to external services when needed
- Have recognition of their work-life balance and support when needed
- Have their mental health and well-being reviewed and responded to regularly
- Feel valued and have opportunities to contribute to whole school decision making processes
- Have their successes recognised and celebrated
- Are able to carry out roles and responsibilities effectively
- Are provided with opportunities for CPD both personally and professionally
- Have time to reflect upon all elements of the day to day working and personal life

2.4 An environment where parents/carers:

- Are recognised for their significant contribution to children and young people's mental health
- Are welcomed, included and work in partnership with schools and agencies
- Are provided with opportunities where they can ask for help when needed
- Are signposted to appropriate agencies for support
- Are clear about their roles and expectations of their responsibilities when working in partnership with school
- Views are sought, in a variety of ways, and valued and responded to
- Strengths and difficulties are recognised, acknowledged, supported and challenged appropriately using a range of strategies

2.5 An environment where the whole school community

- Is involved and responsible for promoting positive mental health and attitudes
- Is valued for the role it plays in promoting positive mental health and attitudes
- Contributes towards and has ownership over whole school ethos, vision and values

2.6 The Governing body is responsible for:

- Designating an appropriate member of staff to be the SENCO and coordinating provisions for children with SEMH difficulties.
- Taking all necessary steps to ensure that children with SEMH difficulties are not discriminated against, harassed or victimised
- Ensuring arrangements are in place to support children with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.

- The link governor for SEMH is Amy Cuthbertson and Kate Mills

3. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

3.1. This policy has been created with regard to the following DfE guidance:

- DfE (2021) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

3.2. This policy also has due regard to the school's policies including, but not limited to the following:

- Safeguarding and Child Protection Policy
- SEND Policy
- Behaviour Policy
- Administration of Medication and Management of Health Needs in School
- Staff Code of Conduct
- Exclusion Policy
- Anti-bullying

4. Staff members will be aware of the signs that may indicate if a child is struggling with their SEMH, how to respond to these needs and who to highlight any concerns to. The signs of SEMH difficulties may include, but are not limited to, the following list:

4.1. Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a child's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

Generalised anxiety disorder: This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.

Panic disorder: This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.

Obsessive-compulsive disorder (OCD): This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).

Specific phobias: This is the excessive fear of an object or a situation, to the

extent that it causes an anxious response such as a panic attack (e.g. school phobia).

Separation anxiety disorder: This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a child's age.

Social phobia: This is an intense fear of social or performance situations.

Agoraphobia: This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

4.2. Depression: Depression refers to feeling excessively low or sad. Depression can significantly affect a child's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

Major depressive disorder (MDD): A child with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.

Dysthymic disorder: This is less severe than MDD and characterised by a child experiencing a daily depressed mood for at least two years.

4.3. Hyperkinetic disorders: Hyperkinetic disorders refer to a child who is excessively easily distracted, impulsive or inattentive. If a child is diagnosed with a hyperkinetic disorder, it will be one of the following:

Attention deficit hyperactivity disorder (ADHD): This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.

Hyperkinetic disorder: This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

4.4. Attachment disorders: Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Children suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

4.5. Eating disorders: Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

4.6. Substance misuse: Substance misuse is the use of harmful substances, e.g.

drugs and alcohol.

4.7. Deliberate self-harm: Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

4.8. Post-traumatic stress: Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

5. Plains Farm Academy offers a range of mechanisms to help children develop positive mental health and wellbeing and support those experiencing mental health issues. These are but not limited to:

- Well-being Friday held on the last Friday of every month, focusing upon one of the areas of well-being – Give, Take Notice, Be active, Connect and Keep learning. Children donate to the food bank each Well-being Friday as part of the 'giving' area of well-being.
- It's Chatty Tuesday sessions held in the well-being room by our Well-being Champion for children experiencing mental health issues
- Three members of the Well-being Champions deliver ICAMHS counselling sessions for vulnerable children
- Fun Friends and Friends for Life ran by trained members of staff for children displaying anxiety
- All classrooms have a Worry Monster which is checked by staff
- All staff are observant in changes in behaviours that might indicate a problem and offer support and guidance. Many things can cause a change in mental health including traumatic events (e.g. loss or separation, life changes, abuse, domestic violence or bullying).
- PSHE curriculum includes mental health topics in order to raise awareness and understanding and provide strategies for developing positive emotional health and wellbeing and managing mental health.
- PSHE has the flexibility to focus on developing children's resilience, confidence and ability to learn when identified as a need
- Constructive links with outside support and specialist agencies (e.g. school nurse, CAMHS, Early Help, Relax Kids and MHST) to provide interventions for those with mental health problems.

6. Monitoring and review

6.1. The policy is reviewed on an annual basis by the head teacher in conjunction with the Local Governing Body – any changes made to this policy are communicated to all members of staff.

6.2. This policy is reviewed in light of any serious SEMH related incidents.

6.3. All members of staff are required to familiarise themselves with this policy as part Of their induction programme.