

# WELLBEING THROUGH SPORT.

*Developing positive mental and physical health*

## Supportive Framework for a Primary School Mental Health & Wellbeing Policy

Date:

For Review:

## **Background Information:**

### **Mental Health**

Mental health is a state of wellbeing in which a person can realise their potential, cope with the normal stresses of life, work productively, and is able to contribute to their community.

(World Health Organisation, 2018)

### **Mental Ill Health**

Mental ill health reflects a deterioration in mental health. The cost of mental health problems can be devastating. It can impact on our ability to care for ourselves, care for others, interact with others, understand others, and function at school and at home. We know poor mental health is a risk factor for poor physical health, and vice versa.

Mental health problems in children and young people can result in lower educational attainment and are strongly associated with behaviours that pose a risk to their health.

(Department of Health, 2015)

### **Ahead of the COVID-19 Pandemic**

- Evidence suggested that 50% of all mental health problems were established by the age of 14 years and 75% by 24 years. Figures also suggested that mental health problems were on the increase among children and young people.

(Kessler et al, 2005 & NHS Digital, 2018)

- Poor physical health was a risk factor for poor mental health, a lack of physical activity could contribute to childhood obesity, and childhood obesity was described as one of the most serious public health challenges of the 21st Century.

(Department for Education, 2018a & Public Health England, 2020)

- In the UK, 1 in 4 adults experienced mental health problems. Figures released by the Health and Safety Executive (HSE) revealed that in Great Britain, during 2018/19, stress, depression or anxiety accounted for 54% of all working days lost due to ill health. Stress, depression, or anxiety were more prevalent in industries of public service, such as education. The HSE highlighted that teaching professionals experienced higher levels of stress as compared to all jobs.

(NHS England, 2017 & HSE, 2019a&b)

## **The COVID-19 Pandemic**

COVID-19 has presented us with a physical health pandemic, but researchers have warned of major adverse mental health consequences.

(Mahase, 2020)

Research and the evidence base regarding the impact of COVID-19 on the mental health of children is evolving. However, findings of the Co-SPACE study undertaken by experts at the University of Oxford, provide some insight, with the parents / carers of primary school age children taking part reporting an increase in their child's emotional, behavioural, and restless / attentional difficulties.

(Pearcey et al, 2020)

New evidence suggests that the pandemic may already be influencing children's lifestyles and increasing their risk of being overweight or obese which may be partly related to an increase in consumption of calorific foods and reduced activity during lockdown.

(Pietrobelli et al, 2020)

## **Our Commitment:**

Across the UK, education departments have introduced requirements that children learn about their mental health and wellbeing. Education inspectorates are paying closer attention to outcomes beyond the academic and traditional educational outcomes.

(Abdinasir, 2019)

At **X school**, we understand that we have a central role to play when it comes to supporting our pupils, staff, and wider school community to be mentally healthy. We can promote positive mental health and enable wellbeing by protecting our physical health, protecting our mental health, nurturing emotional intelligence, and building resilience. A whole school approach to mental health and wellbeing is essential if we are to do this effectively.

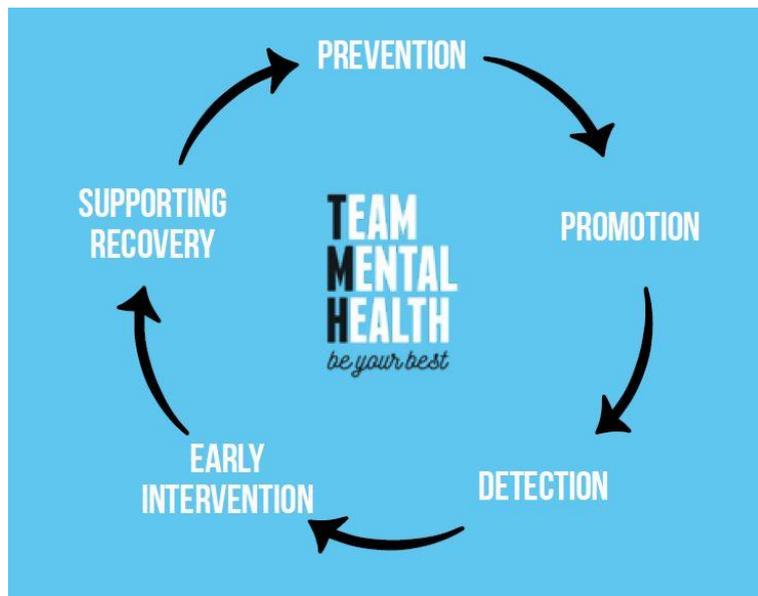
We recognise that staff in school cannot act as mental health experts and should not make diagnoses. However, we are committed to ensuring that a clear strategy is in place to assist the identification of mental health problems and support any pupils or staff members experiencing difficulties to access appropriate support.

### **A Whole School Approach:**

For **X school**, a whole school approach means prioritising mental health and wellbeing and delivering a systematic approach to support this. We believe that being proactive to drive positive mental health outcomes is just as important as being reactive when problems arise. We are an open and transparent school that recognises the importance of organisational confidence and capability. We aim to provide a safe, affirming, positive environment where an open culture around mental health is promoted.

As a school we consider ourselves to be in a partnership with families and our local community. This helps us communicate our commitment to the vision and ethos of the school, and increases our ability to provide safe, affirming, and positive environments for our pupils and staff to thrive in.

As a school, we have chosen to base our mental health and wellbeing policy around a strategic model developed by Team Mental Health®; an organisation led by medical doctors who specialised to become consultant psychiatrists. Their model focuses on five key elements that we believe fit with our whole school approach to mental health and wellbeing for pupils, staff, and our wider school community.



(Team Mental Health®, 2017)

### Preventing Mental Ill Health:

We understand that our school is an important part of the wider safeguarding system for children. Safeguarding and promoting the welfare of children is everyone's responsibility.

(Department for Education, 2020a)

*'Safeguarding and promoting the welfare of children is defined as:*

- *protecting children from maltreatment;*
- *preventing impairment of children's mental and physical health or development;*
- *ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and*
- *taking action to enable all children to have the best outcomes'*

(Department for Education, 2020a).

For further details please see **Keeping Children Safe in Education (2020)** and **Working Together to Safeguard Children** Statutory Guidance.

(Department for Education, 2020a & Department for Education, 2018b)

As a school, we understand that predisposing factors in life may increase the risk of a child, young person or adult developing a mental health problem. We also know that protective factors reduce the risk of a mental health problem developing and / or limit the impact of a mental health problem that already exists. As such, to the best of our ability, it is our goal to limit risk factors and maximise protective factors for all our children.

\* See Appendix 1 for more information on Predisposing and Protective Factors.

We understand that as an employer, we have a legal duty to protect employees from stress at work by doing a risk assessment and acting on it. (HSE, 2019)

### **Promoting Positive Mental Health & Wellbeing:**

At **X school**, we recognise that we are in a unique position to promote positive mental health. Our culture and environment focus on safety, consistency, providing a sense of belonging, and experiencing achievement and success. We are a school that recognises and values the importance of aligning mental health with physical health and, through the curriculum and wider work, we help pupils and staff know how to be physically and mentally healthy. This includes following the statutory **Relationships, Sex, and Health Education Curriculum** and providing opportunity for staff members to complete the Department for Education's **Mental Wellbeing Teacher Training Module**.

(Department for Education, 2019 & Department for Education, 2020b)

Providing information on the '**5 Ways to Mental Wellbeing**' is an important part of our strategy to promote good mental health and wellbeing across our wider school community:

- Be active
- Connect
- Take Notice
- Keep learning
- Give

(The New Economics Foundation, 2008)

Note: For schools implementing the Wellbeing Through Sport Programme only

We have also implemented the **Wellbeing Through Sport Programme**. This is a unique programme aimed at nurturing positive mental health and wellbeing through physical activity. As part of this programme, staff members in school receive mental health promotion training as part of their Continuous Professional Development (CPD) programme. Senior leaders also receive a more detailed level of training supporting our ability as a school to embed a clear vision and a whole school approach to health and wellbeing.

### **Detecting Mental Health Problems:**

It is the aim of **X school** is to support the mental health and wellbeing of pupils and staff and increase the skills and confidence of all staff members to:

- Observe day to day behaviours, or changes in behaviour
- Listen to the views or concerns of children, young people, parents, carers, and colleagues
- Be aware of those who may be at increased risk of developing problems and take steps to assist in preventing mental ill health
- Recognise early warning signs and take steps to ensure appropriate interventions are put in place
- Support recovery should a pupil or staff member experience a mental health problem.

We know that as part of normal growth and development, children and young people feel, think & behave differently at different stages. However, when they present differently than would be expected for their stage of development, this could be an early warning sign that something is wrong.

Warning signs may include: (\* please note this list is not exhaustive)

- Changes in activity or mood
- Tearfulness
- Feeling regularly anxious
- Irritability / Anger
- Tiredness / sleep problems
- Loss of confidence
- Physical signs of harm or injury that are repeated or appear non-accidental
- Lowering of school performance

- Poor attendance
- Poor social skills
- Poor self-care
- Unusual behaviour / changes in behaviour
- Social isolation
- Difficulty concentrating
- Being unusually distracted
- Restlessness / hyperactivity

As a school we want to maximise our position to identify problems as early as possible and respond appropriately. The use of tools recommended by the Department for Education, such as the Strengths and Difficulties Questionnaire (SDQ), can support this process.

(Department for Education, 2018)

*Note: If mental health awareness training has been undertaken by staff members in school, please refer to this within this section.*

### **Early Intervention:**

Should there be a concern that a pupil is experiencing mental health difficulties, we understand that we should not delay putting support in place. We have committed to using the 'graduated response process' recommended by the Department for Education:

- *'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'*

(Department for Education, 2018).

To support the 'graduated response process' we have taken steps to understand what support might be suitable and available, and how this can be accessed locally.

Where required, we expect parents, pupils, and staff members to seek and access support from qualified professionals, such as the school nurse, GP, Accident and Emergency, specialist mental health services, and

local voluntary and community sector (VCS) organisations working with children and their families, staff members, or directly into school.

#### Signposting:

Each case will be handled on an individual basis. However, our general signposting principals are set out in Appendix 2.

#### **Supporting Recovery:**

Ensuring a safe, calm, and consistent environment where protective factors are plentiful and health and wellbeing are prioritised, will assist our school to support the recovery of any pupil or staff member experiencing mental health problems. Should a treatment plan require specific school-based intervention, we are committed to working effectively with external agencies and qualified professionals to provide this to the best of our ability. If a child had required a period of inpatient treatment, we would work collaboratively with the appropriate professionals to support a smooth and positive transition back into school.

#### **Staff Roles and Responsibilities:**

At **school X**, our position is that we all have a role to play in supporting the mental health and wellbeing of pupils and staff. However, as with all other priority areas for the school, we have in place a designated Mental Health and Wellbeing Lead. Their role is to:

- Coordinate a whole school approach to mental health and wellbeing;
- Lead on teaching children how to be physically and mentally healthy;
- Listen to the voice of the children and young people in our school;
- Organise appropriate training for staff;
- Provide updates to staff;
- Provide support for and communicate with parents, including raising mental health awareness;
- Act as the first point of contact with external agencies.

#### **Mental Health and Wellbeing Lead(s):**

- X

### **Other Relevant Policies:**

*“There is no requirement on schools to have a standalone mental health policy although some do choose to. However, schools are required to produce (and in some cases publish online) a range of policies which can be used to promote and support mental health and wellbeing, either as a statutory requirement or good practice, as recommended by the DfE”.*

(Department for Education, 2018)

**Examples may include:** (\* To be decided by individual schools)

- Safeguarding
- Medical needs
- Bullying
- Behaviour
- Staff Code of Conduct
- Special Educational Needs
- Equality & Diversity
- Health & Safety
- Information Sharing and Confidentiality

We are aware that this policy does not replace any of the above policies, it serves as an aid to support them. This policy will be consistent with our statutory duties. As well as reading this policy, we recommend that all staff members read the **Mental Health and Behaviour in Schools** document from the Department for Education.

**Consultation & Policy Development:** (\* Recommended plus any other relevant parties)

- Staff members
- Governors
- Parents / Primary Carers
- Participation involving children and young people where appropriate
- School Nurse
- Local Primary Care Clinical Commissioning Group (CCG)
- Local Child & Adolescent Mental Health Services (CAMHS)
- Local voluntary and community sector (VCS) organisations

- Director of Children's Mental Health Services
- Local Healthwatch Organisation

**Expiry / Review Date:**

As a school, we will review this process on a (X) basis and will update this policy as required.

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## Appendix 1 – Risk Factors and Protective Factors that are believed to be associated with mental health outcomes

	Risk Factors	Protective Factors
<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 Hostile and rejecting relationships</li> <li>- Failure to adapt to a child's changing needs</li> <li>- Physical, sexual, emotional abuse, or neglect</li> </ul>	<ul style="list-style-type: none"> <li>- At least one good parent-child relationship (or one supportive adult) 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>

	<ul style="list-style-type: none"> <li>- Parental psychiatric illness</li> <li>- Parental criminality, alcoholism or personality disorder</li> <li>- Death and loss – including loss of friendship</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>

<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>

(Department for Education, 2018)

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## Appendix 2 – General Signposting Principals

Circumstance	Action
<p>An emergency</p> <ul style="list-style-type: none"> <li>- If your life is in danger (for example you are at risk of taking your own life or have seriously harmed yourself)</li> <li>- If the life of someone else is in danger (for example they are at risk of taking their own life or have seriously harmed themselves)</li> <li>- If you or someone else needs immediate help and you are worried about safety</li> </ul>	<ul style="list-style-type: none"> <li>- Call 999</li> <li>- Attend your local Accident &amp; Emergency if safe to do so</li> </ul> <p><u>Further information:</u>  <a href="https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/dealing-with-a-mental-health-crisis-or-emergency/">https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/dealing-with-a-mental-health-crisis-or-emergency/</a></p>
<p>When it's not life threatening but you need urgent medical advice</p>	<ul style="list-style-type: none"> <li>- Call 111</li> <li>- Book an emergency GP appointment</li> <li>- Contact your local mental health crisis team</li> </ul> <p><u>Further information:</u>  <a href="https://www.nhs.uk/conditions/suicide/">https://www.nhs.uk/conditions/suicide/</a></p>
<p>For advice and guidance in non-emergency situations</p>	<ul style="list-style-type: none"> <li>- Make an appointment with your GP</li> <li>- Speak to a healthcare professional</li> </ul> <p><u>Further information:</u>  <a href="https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/how-to-access-mental-health-services/">https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/how-to-access-mental-health-services/</a></p>

## **Other support available for people experiencing emotional problems:**

### If you want to speak to someone now

There are different helplines and listening services available that can provide emotional support.

- The Samaritans (24 hours a day) – 116 123 <https://www.samaritans.org/how-we-can-help/contact-samaritan/>
- CALM (5pm – midnight) – 0800 58 58 58 <https://www.thecalmzone.net/help/get-help/>
- Shout (24 hours a day) – text 'SHOUT' to 85258 <https://www.crisistextline.uk/>
- Childline (24 hours) 0800 1111 <https://www.childline.org.uk/get-support/contacting-childline/>
- Papyrus (9am – 10pm weekdays and 2pm – 10pm weekend & bank holidays) – 0800 068 4141 <https://papyrus-uk.org/hopelineuk/>

### If you would like to access talking therapies

- Make an appointment with your GP
- Visit the NHS website to refer yourself <https://www.nhs.uk/service-search/find-a-psychological-therapies-service/>
- Search for a private therapist through the British Association for Counselling and Psychotherapy website <https://www.bacp.co.uk/search/Therapists>

### If you are in employment

- It may be helpful to explore whether you are able to access support through your workplace. For example, an occupational health department, an employee assistance programme, private medical insurance, in-house or telephone counselling services
- Remploy's Access to Work Mental Health Support Service may be able to support <https://www.remploy.co.uk/about-us/current-programmes/access-work-mental-health-support-service>

If you are looking for advice and support

- Mind – 0300 123 3393 <https://www.mind.org.uk/information-support/helplines/>
- Rethink Mental Illness – 0300 5000 927 <https://www.rethink.org/aboutus/what-we-do/advice-and-information-service/>
- YoungMinds Parents Helpline – 0808 802 5544 <https://youngminds.org.uk/find-help/for-parents/parents-helpline/>
- Hub of Hope (find local services) <https://hubofhope.co.uk/>
- NHS: Find Mental Health Services <https://www.nhs.uk/service-search/mental-health>
- Royal College of Psychiatrists <https://www.rcpsych.ac.uk/>

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