Mental Health and Well- Being (Pupils) Policy

Ratification date: February 2024

Review date: February 2025

Mental Health & Well-Being Policy
See also:
Safeguarding & Child Protection Policy
Inclusion Policy
Looked After Children Policy
Anti-Bullying Policy
Behaviour & Relationships Policy
Personal, Social and Health Education (PSHE) Policy

1,   The Importance of Mental Health and Well-Being

At our school, we aim to promote positive mental health and well-being for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health.

We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

All children go through ups and downs through their school career and some face significant life events. Research suggests that approximately 10% of children aged between 5 and 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement.

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

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupil's well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do to maintain positive mental health, what affects their mental health, how they can help

reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where:
- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils 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
- emotions are recognised, expressed and explored openly

In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being and we have a separate policy dedicated to this.

2, Purpose of this Policy

This policy sets out
- how we promote positive mental health
- how we help prevent mental health problems and enable children to develop healthy habits and coping strategies.
- how we identify and support pupils 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
- key information about some common mental health problems
- where parents, staff and pupils can get advice and support
- Outlining training and expertise held by our staff

3, Definition of Mental Health and Well-Being

We use the World Health Organisation's definition of mental health and wellbeing: *… a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.*

Mental health and well-being 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 seek support when they are struggling
- 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, showing good resilience
- cope with failure and disappointment

4,   A Whole School Approach to Promoting Positive Mental Health

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:
1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. helping pupils to develop social relationships, support each other and seek help when they need to
3. helping pupils to be resilient learners
4. teaching pupils social and emotional skills and an awareness of mental health
5. early identification of pupils who have mental health needs (whether short or longer term) and planning support to meet their needs, including working with specialist services if needed.
6. effectively working with parents and carers and working as a team with them to support their child.
7. 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. We aim to be a 'talking school' with an 'Open Door Policy'.

5,   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 pupils 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. These can include: a physical long-term illness, having a parent who has a mental health difficulties, death, and loss such as the loss of friendships, a family breakdown and bullying (and the impact of Covid), as well as change. The staff also understand the factors that protect children from adversity, such as self-esteem, positive communication, developing problem-solving skills, a sense of worth or belonging and emotional literacy. As a church school, we also are able to draw on the support of the linked vicar, Rev Simon Cake, and to support children with faith based approaches if this is appropriate.

We are a Thrive school, and we use the Thrive screening tool three times a year (minimum) to look at how every child is progressing through the normal stages of emotional and social development for their age. Every member of staff has training in understanding and using Thrive and all governors are invited to attend

training/awareness sessions. Every class has a Thrive Action plan, which is used to give ideas on how to support development through play, fun activities and a relational approach to communication. From this screening, some children will be identified as needing some direct work individually, in pairs or in small groups working on any gaps in development (which could be related to confidence, self-esteem, social skills, emotional intelligence etc), through a play approach, where they will have time with the Thrive Practitioner and/or the Thrive TA.

The school's Mental Health Well-Being Team

SENDCo, Thrive Practitioner, Senior Mental Health Leader – Nancy Darke
Safeguarding Designates – Katie Butler, Emily Mee, Diane Lincoln and Nancy Darke
Thrive Tas – all of our Tas have some Thrive training and will be asked to support individuals and groups if they seem the best person to offer it to a child or group of children.
ELSA – Emma Howard is a qualified Emotional Literacy Support Assistant.
Thrive Interventions - the majority of Thrive interventions are currently offered by Emma Howard and Rosie Howard, under the guidance of the Thrive Practitioner.
PSHE Leader – Emily Mee
No Outsiders Leader – Katie Butler

The Mental Health Well-Being Team are responsible for:
- leading and working with other staff members to coordinate whole school activities to promote positive mental health
- providing advice and support to staff and organising training and updates
- keeping staff up-to-date with information about what support is available
- liaising with the PSHE Leader on teaching about mental health
- being the first point of contact and communication with mental health services
- leading on and making referrals to services
- Coordinating whole school Thrive screening, writing group and individual Thrive Action plans and sharing them with staff.
- Support parents/carers by writing Thrive Action Plans for home use and ensuring a coordinated approach to support pupils with social and emotional development and mental health needs.

There are clear links with the Positive Relationships & Behaviour Policy because we believe that behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, is likely to be related to an unmet mental health need. **We consider *all behaviour to be communication***. Our aim is to decipher that communication and support the child in having their needs met.

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 pupils with mental health needs and their families in addition to that offered in school.

Support includes:
- Safeguarding/Child Protection Team
- Support staff and Thrive team to offer direct work to support the mental health, relationship and emotional - developmental needs of pupils.
- SENDCO/Mental Health Lead, who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision.
- Thrive Practitioner who runs training for all staff and governors, information sessions and support for parents and carers and direct support for children.
- Thrive practitioner, Teachers and support staff who carry out termly standardised assessments of all pupils, looking at their current stage of development and contributing to a class action plan to support their next steps. They also contribute to more in-depth individual assessments for children who have gaps in emotional and social development or who are presenting as having current mental health difficulties.
- Mental Health Lead/Mental Health First Aider works with the PSHE lead and SLT to develop strategies and approaches to supporting all children with their development of skills that contribute to positive mental health.
- MHST (Mental Health Support Team) advise on support for children and their families in managing children with current, significant mental health needs which are impacting on their lives.
- Specialist Education Services (SES), who advise on support for individual pupils as well as whole school and for particular cohorts, meeting termly with the SENDCo/Senior Mental Health Lead and the Headteacher.
- Health Visitor, who meets termly with the SENDCo and Lead Early Years Practitioner and can advise school and families on development and mental health and wellbeing approaches.
- School Nursing, who can support with short term mental health needs in pupils

6,   Supporting Pupils' Positive Mental Health

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

- Campaigns and assemblies to raise awareness of mental health
- Transition Support and additional preparation for pupils who may find transition between schools more challenging.
- Just 42 Transition Workshops across Year 6 in the Summer Term and other opportunities for relevant mental health workshops for pupils / staff / parent / carers throughout the year

- Transition meetings with parent/carers, pupils and relevant staff
- Yearly information sharing between staff, including photos and additional visits between year groups. Opportunity for pupils to come in during the summer holiday if needed to support with a smooth return in September.
- All staff have time working in every classroom at some point in the year and also have dinner and break duties, which minimises the difficulties of moving up into a new class or having a staffing change, because children are already familiar with them.
- Mental Health Week and Mental Health Day special activities, including a range of tools and experiences to support pupils in coping with anxiety and stress, recognising and expressing a wide range of emotions, developing language skills related to mental health etc.
- No Outsiders assemblies weekly, promoting inclusion and acceptance.
- Reflection/calm down area in every classroom, with resources for children to use independently when they recognise that they need time to regulate.
- Thrive small group, paired and individual interventions to support with mental health needs, gaps in development and responding to, and coping with, life events causes emotional distress.
- Support with bereavement and loss (using mixed resources including Winston's Wish).
- Mental Health First Aider/ Suicide First Aider able to triage, give initial support and identify needs for referral.
- Child Mental Health Leaders (starting March 2024)

Class Resources:
- Calm Down area in each classroom with resources to support sensory needs/mindfulness and regulation.
- Reflection area in each classroom, as part of school's Christian ethos.
- Worry monsters in each classroom.
- Resources including emotional literacy games, puppets, resilience games and interaction tools available (in library) to support Thrive intervention.
- Class action plan with ideas for activities and `how to be` with children of each age, which is embedded into the learning across the school.
- Zones of regulation resources – including cuddly toys in class 1 and 2
- Transitional Objects supported as needed

Whole School Resources
- Mental Health Wellbeing focus threading throughout the school ethos and PSHE curriculum, including embedding of Thrive principles.
- No Outsiders curriculum, including weekly assemblies for KS 1 and KS2, promoting diversity and inclusion.
- Encouraging positives relationships so children can be aware of Trusted Adults around them and where to find support. Encouraging children to identify their trusted adult and foster and develop links and supportive relationships with them.
- Assembly and calendar of Mental Health and Wellbeing themes

- Bawdsey Bolt daily (offering a `soft transition` into school, where pupils get sensory time running or walking, chatting to each other and to staff).
- Using the literacy curriculum to explore themes around emotions, relationships, life events etc and encouraging children to think and respond empathically.
- One Decision curriculum used in PSHE, which includes modules on emotional literacy, positive relationships, personal health and safety etc. One Decision has frequent opportunities for sharing ideas and video clips about real-life situations where children may need to apply their reasoning and emotional skills.
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school
- After school clubs e.g. sports, football, netball, art club, gardening and singing, where children can develop skills, relationships and interests, developing a strong sense of self.
- Breakfast and after school clubs, which include a strong Thrive approach and values. Funded for PP+ pupils.
- Displays and recognition for pupils of all ages and abilities.
- Resources for Zones of Regulation
- Teaching kitchen and garden, which are used for whole class lessons but also as part of a therapeutic Thrive approach.

Small Group Activities
- Small friendship, social skills groups including Circle of Friends, Socially Speaking and Self Esteem workshops, Talking Partners and specific life event support.
- Lunch Clubs including Just 42, School Council, Mental Health Leaders (from March 2024)
- Thrive interventions and groups

Teaching about Mental Health and Emotional Well-being

In KS1 and KS2 We use One Decision, including the core themes:
- Relationships
- Living in the Wider World
- Health and Well-being (including emotional development).

We teach the knowledge and social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems. We support this using other resources such as those from Mentally Healthy Schools, The Anna Freud Centre and using Thrive and Zones of Regulation.

The Early Years Foundation Stage Statutory Framework sets out standards to make sure children aged from birth to 5 learn and develop and are kept healthy and safe. Personal, Social and Emotional Development (PSED) is a prime area of learning.

Our approach is to:
- provide a safe environment to enable pupils to express themselves and be listened to

- provide key and trusted adults with an emphasis on relationships, which ensures the welfare and safety of pupils as paramount
- identify appropriate support for pupils based on their needs
- involve parents and carers when their child needs support. This may include creating a Thrive Home Action Plan, sharing school action plans and resources, organising links for parents with outside agencies and support as needed.
- involve pupils in the care and support they have, working towards their independence and developing their positive mental health and self-regulation skills.
- monitor, review and evaluate the support with pupils and keep parents and carers updated

7,   Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible and provide a prompt response. We do this in different ways including:

- Identify individuals that might need support, using the Thrive assessment tool for all pupils at their current age, and then further assessing individual needs as needed.
- being an Attachment Aware School, with training for all on key areas such as ACES and trauma responses, with Thrive underpinning all areas.
- working with the School Office staff who are often the first point of contact with families seeking support
- home visits in nursery/for pupils joining Reception from other nurseries to identify needs and build links with parents/carers
- induction meetings for pupils / families joining after the Reception year. SENDCO/SMHL phone calls to identify any additional needs or mental health support needs.
- Good liaison with previous and destination schools.
- analysing behaviour, exclusions, visits to the medical room, attendance and weekly Behaviour Forms / Anti-Bullying Forms
- using Thrive and Pupil Asset to track children identified as having difficulties
- pupil surveys and pupil voice throughout the year
- four houses to ascertain pupil views or worries, strengths, hopes and wishes.
- staff report concerns about individual pupils to the Inclusion Manager/SENCO and Designated Safeguarding Team
- worry monsters in each class for pupils to raise concerns which are checked by the class teacher
- weekly staff briefing (housekeeping) for staff to raise concerns about individual children
- parental pastoral/SENDco support meetings, including support with applications, DLA, life events, parenting advice where possible.
- Regular meetings and/or phone calls with teaching staff - formally at least once a half-term for all pupils, much more often for those with identified concerns.
- Teachers and SLT available at the end of the day when releasing children to either briefly talk to parents or book a longer appointment

- Enabling and encouraging pupils to raise concerns to class teacher and support staff
- Class Dojo/Tapestry to allow parents to communicate with class teacher at any time (although may only be checked officially in working hours).
- enabling parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'
- Meetings with outside support services such as CAMHS, MHST, SALT, SES, Health visitor, School Nursing

All staff have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the SENCO/Inclusion Manager or Designated Safeguarding Team.

Non-verbal warning signs for mental health needs and/or safeguarding concerns

These signs might include:
- non-verbal behaviour or a change in behaviours
- 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 hope.
- Fear of trying anything new or risking failure
- an increase in lateness or absenteeism,
- not wanting to do PE or get changed for PE,
- signs of drug or alcohol misuse
- sudden weight gain or weight loss, changes in eating habits
- evidence of radicalisation and extremist thoughts.
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather or not having appropriate clothing for the weather.
- repeated physical pain or nausea with no evident cause – this may be tummy aches, headaches
- Frequent/ increase to need to use the toilet

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, development or major life events. They are also aware that withdrawal or a high need for attention may signify that a child is struggling with their mental health.

If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures are followed and we will seek support from the MASH team.

Verbal Disclosures by Pupils

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff listen rather than advise. Staff are clear to pupils that concerns will be shared with the SENDCo/SMHL/Designated Safeguarding Team if they are at risk, and be recorded in order to provide appropriate support to the pupil.

Non-Verbal Disclosures by Pupils

Staff also recognise persistent and unusual non-verbal disclosures in behaviours in line with the NICE (National Institute for Health & Care Excellence) recommendation that behaviour may be an unmet need or message.

Confidentiality

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

Assessment, Interventions and Support

All safeguarding concerns are reported on pink forms to the Inclusion Manager/Designated Safeguarding Team and recorded. Mental health concerns and changes in circumstances are shared with the SMHL/SENCo. We then implement our assessment system based on levels of need to ensure that pupils 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. The Safeguarding Team regularly reviews all processes. All staff are trained to record safeguarding concerns and to understand and recognise when a child needs additional mental health or situational support.

We recognise that just like physical health, mental health and emotional well-being can vary at any given time and is fluid and changes, there are no absolutes. Some children will have Thrive or interventions to support their mental health and wellbeing needs over a long period of time, others may only have one or a short block of sessions to support them with a particular issue or need. All children are part of the group Thrive assessments and all children are eligible for additional support or intervention when there is an established need, regardless of age, funding, family situation etc.

8,   Working with Specialist Services

In some case a pupil's social, emotional, mental health needs require support from a specialist service. These might include anxiety, depression, school refusal, bereavement and other complex needs.

We make links with a range of specialist services, such as SES,CAMHS and MHST, and have regular contact with the services to review the support and consider next steps, as part of monitoring the pupils' provision.

9,   Involving Parents and Carers

Promoting Mental Health

We recognise the important role parents and carers have in promoting and supporting the social emotional mental health and wellbeing of their children, and in particular supporting their children with mental health needs. We also recognise that all families have times when they experience change and challenges which might affect the mental health or wellbeing of all members (divorce, financial worries, transport worries and isolation, bereavement, care needs, health concerns etc).

To support parents and carers:
- We share details for a range of charities and agencies who are able to support with wellbeing, link people with similar concerns or needs or support directly in the home.
- We provide details of parenting programmes.
- We support families with applications for support through the CAF process, as well as DLA, Suffolk Family Carers, NDD, MHST etc
- We have an Open-Door policy.
- Supporting parents and carers with children with mental health needs through sensitive and supportive regular meetings and signposting, developing a joint approach to managing need and providing consistent structure.
- Offering Thrive Parent Plans and sharing the school Thrive Action Plans for a child, which give advice on ways to be with a child and on games and activities to promote specific skills and experiences which will benefit mental health and wellbeing.
- Provide a forum and support for parents to seek support with specific concerns and issues, which may also include working together or separately in situations where there is joint parenting across two or more households.
- Run training and information sessions to support parents in managing mental health and wellbeing concerns.

When a concern has been raised the school will:
- contact parents and carers and meet with them
- in most case parents and carers will be involved in/informed of their children's interventions, although there may be circumstances when this may not happen, such as child protection issues. For pupils with interventions or support that are on the special needs register, there will be termly PLPs shared with parents, which include details of concerns, targets and interventions and adaptations to support their needs in school.
- 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 Action Plan
- 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, unless we are advised not to do so by the MASH team because notification would increase the risk to the child.

We make every effort to support parents and carers to access services where appropriate. Pupils are our primary concern, and in the rare event that parents and carers are not accessing services and that this places the child at risk or adversely affects their wellbeing, 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.

10, Involving Pupils

- we seek pupils' views and feedback about our approach and whole school mental health activities through Pupil Voice, surveys, class questions and suggestion slips
- we have (from March 2024) Pupil Wellbeing Ambassadors, who work with the SMHL in identifying ways to improve mental health and wellbeing across the school
- we have School Council, which has representatives from every class and which works to identify changes and improvements to the school and policies, represents the school with visitors and at functions, organises fund raising for charities and the school etc.
- we have Gardening Club and Eco Council, which are beneficial to pupil wellbeing and awareness of the wider world.
- We have weekly Good Samaritan Awards, for which the children are able to independently submit nominations, encouraging them to notice and reward positive actions of peers.
- We encourage older pupils to buddy younger pupils as often as possible, including at break and lunch times, offering support and play but also informing staff of any concerns or unmet needs.

11, Training and skills of 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 pupils and know what to do and where to get help (see Appendix 3). We expect all staff to attend regular Thrive training run by the Thrive Practitioner and also offer this to all Governors.

On our website is a link to a PowerPoint explaining Thrive, ACES, developmental steps etc which was shared with parents at an information evening. We expect all new staff to watch this before starting at the school.

Those staff with a specific responsibility have more specialised training and mentoring from the SMHL/Thrive practitioner. All staff supporting pupils with mental health

needs/challenging behaviour/safeguarding concerns are able to have support from the SLT and SMHL as needed and we recognise that support in these circumstances can have a significant impact on the mental health and wellbeing of the member of staff as well as the child.

We also provide regular 'inhouse' and external training from the SMHL and on topics such as childhood Adverse experiences, attachment needs and behaviour. Recent all staff training externally has included ACES and coping with anxiety.

Additional expertise held by staff includes:

Miss Emma Howard: ELSA (Emotional Literacy Support Assistant) –
Mrs. Darke: Thrive Practitioner, Senior Mental Health Leader, Mental Health First Aider, Suicide First Aider, Trauma Approaches, Fostering and adoption – attachment and trauma.
Mrs Butler and Miss Mee: Metacognition and Self-Regulation

SEND Governor, Reverend Simon Cake also has a wide range of training and experiences which are helpful in support pupils and staff with their mental health, wellbeing and spiritual development.

12, Monitoring and Evaluation
This policy was produced in conjunction with the whole school. Its effectiveness will be monitored by the SLT and SMHL and reported to the Governing Body. This policy will be reviewed every year, or sooner if deemed necessary.

Appendix 1 Protective and Risk Factors
(adapted from Mental Health and Behaviour DfE March 2016)

	Risk Factors	Protective Factors
In the Child	• Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND • Neurodiversity • Sexual identification other than heterosexuality	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	• Overt 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 psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship Nb. Experiences of inconsistent parenting/ rejection/ poor attachment from as young as 0 – 2 years can have a significant impact on mental health and wellbeing. Looked after or adopted children have a much higher incidence of mental health needs.	• 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	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships • Unmet learning needs, affecting self-esteem and access to experiences.	• Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences • An adult with whom they identify a positive attachment and with whom they can spend regular, quality time building connections. • Experiences of success and achievement • Experience of taking different roles (leading, following, turn taking etc)
In the Community	• Socio-economic disadvantage • Homelessness • Major world or country wide events such as Covid, war, migration, disaster • Discrimination • Significant life events • Social isolation • Poor or no access to health care	• Wider supportive network • Good housing • Stability and consistency of location • Experiencing safety • high standard of living (appropriate nutrition, health care, sleep etc) • High morale • Opportunities for valued social roles and experiences of connection • Range of sport/leisure activities

Appendix 2 Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs Mental Health and Behaviour in School DfE March 2016 https://www.gov.uk/government/publications/mental-health-and-behaviour-inschools--2

Annex C includes definitions, signs and symptoms and suggested interventions for
- Anxiety (including panic attacks, phobias and Obsessive-Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self-Harm

The DfE guide does not include specific information on suicidal thought

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.
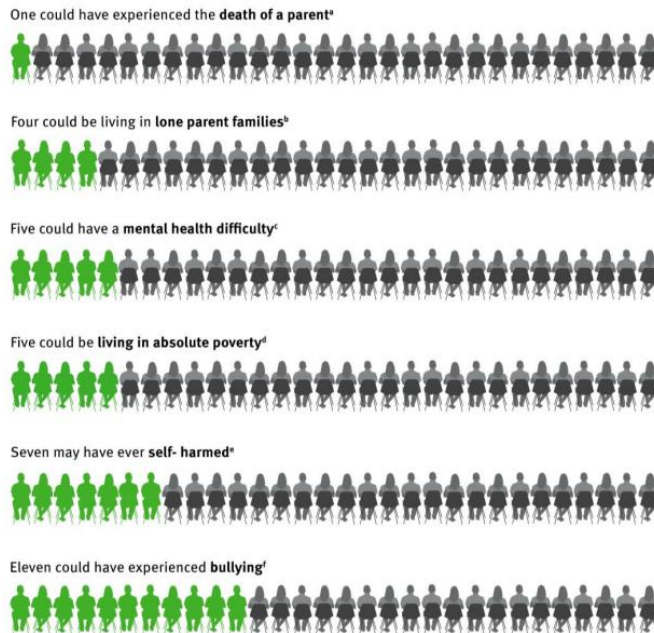See also:

See also: Promoting Children and Young People's Health and Wellbeing, DFE 2021 (A whole school and college approach)
https://assets.publishing.service.gov.uk/media/614cc965d3bf7f718518029c/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

Figure 2. Eight principles to promoting a whole school or college approach to mental health and wellbeing.

Figure 1. Life experiences[abcdef] in a class of 30 pupils (Image provided by the Centre for Mental Health).

One could have experienced the **death of a parent**[a]

Four could be living in **lone parent families**[b]

Five could have a **mental health difficulty**[c]

Five could be living in **absolute poverty**[d]

Seven may have ever **self- harmed**[e]

Eleven could have experienced **bullying**[f]

Appendix 3 Where to get information and support

For support on specific mental health needs
- Anxiety UK www.anxietyuk.org.uk OCD UK www.ocduk.org
- Depression Alliance www.depressoinalliance.org
- Eating Disorders www.b-eat.co.uk and www.inourhands.com
- National Self-Harm Network www.nshn.co.uk
- Self-Harm www.selfharm.co.uk
- Suicidal thoughts Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org and
- Bereavement - https://www.winstonswish.org/
- General mental health and wellbeing - https://www.annafreud.org/ and https://www.youngminds.org.uk/
- Thrive - https://www.thriveapproach.com/
- Neurodiversity - https://www.barnardos.org.uk/get-support/services/suffolk-neurodevelopment-pathway and https://www.autismandadhd.org/ and https://www.autism-anglia.org.uk/suffolk
- Trauma and adversity https://www.youngminds.org.uk/professional/resources/addressing-trauma-and-adversity/

For general information and support
www.youngminds.org.uk champions young people's mental health and wellbeing as does https://www.annafreud.org/

www.mind.org.uk advice and support on mental health problems
www.minded.org.uk (e-learning) www.time-to-change.org.uk tackles the stigma
of mental health www.rethink.org challenges attitudes towards mental health

www.mind.org.uk advice and support on mental health problems
www.minded.org.uk (e-learning) www.time-to-change.org.uk tackles the stigma
of mental health www.rethink.org challenges attitudes towards mental health