Wellbeing & Mental Health Policy

Document Control

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Contents

1. Introduction

ATLP is committed to supporting the mental health and wellbeing of our students. We seek to intentionally place children are at the heart of everything we do and ensure that all children experience belonging, understanding, equity and love.

We follow the eight key principles of HM Government's guidance [Promoting and Supporting Mental Health and Wellbeing in schools,](#) which encourages on a whole-school approach to creating an environment where all children can develop and thrive:
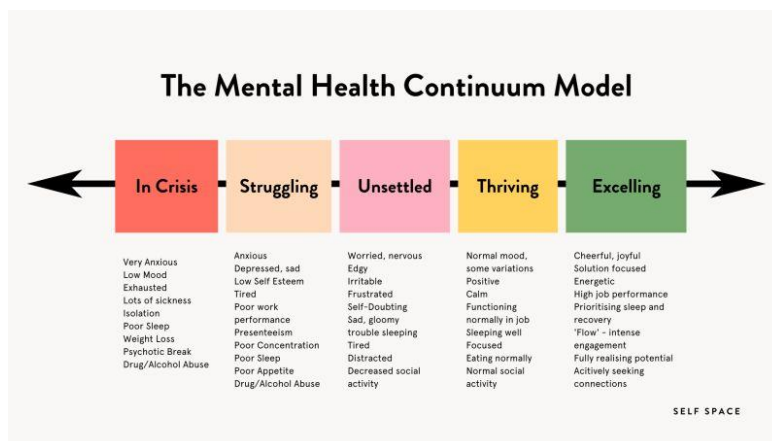
- **Leadership and management** that supports and champions efforts to promote emotional health and wellbeing
- **Curriculum teaching and learning** to promote resilience and support social and emotional learning
- Enabling **student voice** to influence decisions
- **Staff development** to support their own wellbeing and that of students
- **Identifying need and monitoring impact** of interventions
- **Working with parents and carers**
- **Targeted support** and appropriate referral
- An **ethos and environment** that promotes respect and values diversity.

2. Definitions

Mental health:

The World Health Organisation defines mental health as: 'a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right.[1]'

We understand mental health as a continuum on which individuals will fluctuate according to life experiences, challenges and traumas. At times our resilience is tested, and we may need additional emotional support to regain balance.

The Mental Health Continuum Model

In Crisis	Struggling	Unsettled	Thriving	Excelling
Very Anxious	Anxious	Worried, nervous	Normal mood,	Cheerful, joyful
Low Mood	Depressed, sad	Edgy	some variations	Solution focused
Exhausted	Low Self Esteem	Irritable	Positive	Energetic
Lots of sickness	Tired	Frustrated	Calm	High job performance
Isolation	Poor work	Self-Doubting	Functioning	Prioritising sleep and
Poor Sleep	performance	Sad, gloomy	normally in job	recovery
Weight Loss	Presenteeism	trouble sleeping	Sleeping well	'Flow' – intense
Psychotic Break	Poor Concentration	Tired	Focused	engagement
Drug/Alcohol Abuse	Poor Sleep	Distracted	Eating normally	Fully realising potential
	Poor Appetite	Decreased social	Normal social	Acitively seeking
	Drug/Alcohol Abuse	activity	activity	connections

SELF SPACE

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[1] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Wellbeing:

We define wellbeing as children and young people having the:

> "support, confidence, and resources to thrive in contexts of secure and healthy relationships, realising their full potential and rights".[2]

We recognise the domains of well-being for children and young people as:

1. Good health, including good mental health
2. Connectedness, positive values, and contribution to society
3. Safety and a supportive environment
4. Learning, competence, education, skills, and employability
5. Agency and resilience

This means that we seek to promote students' wellbeing in all aspects of our work: encouraging healthy lifestyles, ensuring that they achieve well academically, feel a sense of belonging and develop positive relationships with others, take a full part in school life and develop the resilience to cope with life's challenges and setbacks.

3. Rationale

Research is showing that mental health issues are a growing problem among children and young people, as these statistics demonstrate[3]:

- almost one in four children and young people show some evidence of mental ill health (including anxiety and depression);
- half of all mental health problems manifest by the age of 14, with 75% by age 24;
- one in twelve young people self-harm at some point in their lives;
- one in three adult mental health conditions relate directly to adverse childhood experiences;
- one in ten young people have a diagnosable mental health disorder. By the time they reach university, this figure is as high as 1 in 5.

Good mental health is important in helping children and young people to develop and thrive. A child's emotional health and wellbeing influence their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood.[4]

4. Principles

> *"It is easier to build strong children than to repair broken adults" (Frederick Douglas 1818-1895)*

At the Arthur Terry Learning Partnership, we are committed to developing a trauma-informed approach across all aspects of our work. This means we put relationships and knowing our children at the forefront. We want to ensure that all children experience **belonging, understanding, equity and love** and feel welcome and safe in our schools. We emphasise the need to care for our mental health in the same way we should care for our physical health. Promoting wellbeing is intrinsic to the school ethos, benefitting our children and staff and contributing to happier school communities.

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2 Ross, D.A., Hinton, R., Melles-Brewer, M., Engel, D., Zeck, W., Fagan, L., Herat, J., Phaladi, G., Imbago-Jácome, D., Anyona, P. and Sanchez, A., 2020. Adolescent well-being: a definition and conceptual framework. Journal of Adolescent Health, 67(4), pp.472-476.

3 www.youngminds.org.uk

4 GOV DOC _ Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

As with any other illness, prevention is better than cure. Our approach can therefore be summarised as:

1. **Prevention**: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils and students to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils and students about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos.
2. **Identification**: recognising emerging issues as early and accurately as possible.
3. **Early support**: helping pupils and students to access evidence informed early support and interventions.
4. **Access to specialist support**: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

5.   Aims

The aims of this policy are to:

- encourage positive mental wellbeing for every student;
- raise awareness of how staff and students can take responsibility for and develop their own mental health and resilience;
- help staff and students understand that mental health is a continuum and can fluctuate throughout life;
- help our students to build resilience by promoting the awareness and importance of nurturing individual wellbeing and self-love throughout the school in a comprehensive way;
- increase awareness of common mental health issues, empowering both students and staff and to take swift and effective action when they identify vulnerabilities or triggers;
- utilise curriculum time in PSHE / RSE lessons to educate children to understand and navigate their own wellbeing and identify how to seek support with their own or someone else's mental health;
- support the ongoing promotion of taking a graduated response approach to addressing mental health concerns;
- communicate and work with parents and carers to ensure a joined-up approach to support them in helping their children develop positive mental health;
- support and signpost parents and carers who may identify poor mental health in themselves, and
- support our staff to ensure they feel prepared and able to guide children during the varying stages of the wellbeing continuum.

6.   Roles and Responsibilities

Trustees will:

- maintain oversight of the trust's provision for students' mental health and wellbeing
- ensure effective policies and processes are in place to promote positive mental health and wellbeing.
- monitor the impact of such policies, for example through the safeguarding reports to the Trust board.

Advocates will:

- seek assurance that the trust's mental health and wellbeing and safeguarding policies are implemented effectively through their visits to schools and meeting with headteachers, heads of school and other leaders.

Headteachers and heads of school will;

- promote and support positive mental health and wellbeing, involving all staff in this approach;
- identify a senior mental health lead who will strategically lead the approach to mental health and wellbeing across the whole school;
- ensure systems are in place to de-stigmatise mental health and promote positive conversations around wellbeing;
- advocate the needs of children and young people, ensuring that there are secure mechanisms in place to identify mental health needs;
- ensure that whole-school strategies are integrated, sustained and monitored for impact;
- ensure that positive mental health and wellbeing are modelled, discussed and taught throughout the curriculum;
- celebrate academic and non-academic achievements e.g. assemblies, positive phone calls home;
- ensure that there is a programme of activities in place that support students' wider development and promotes good mental health;
- promote a sense of belonging and purpose for all children, for example by providing opportunities for service to the school as well as the wider community;
- encourage all students to contribute their views and opinions, including those who are disadvantaged, have special educational needs or disabilities (SEND), are or have been in care, and ensure that their views are acted on;
- ensure high-quality pastoral support for all students, including those who have experienced mental health difficulties.

The senior mental health lead will:

- promote mental health and wellbeing across the school among both students and staff;
- develop a holistic whole-school approach to mental health, specific to the needs and demographic of the school;
- monitor and evaluate the school's approach to mental health and wellbeing to ensure its effectiveness;
- work with the school's safeguarding team to assess concerns and make referrals when necessary;
- develop knowledge of, and relationships with, local support agencies who provide specialist services;
- advise, guide and signpost students, parents and carers to appropriate external support when needed;
- use the universal toolkit to identify need and put appropriate support in place;
- participate in the trust mental health network to share ideas, good practice and support between our family of schools;
- work with colleagues to develop strong transition processes, recognising that some children may struggle with change;
- work alongside attendance officers to identify possible links between mental health and low attendance;
- empower students to take a lead in promoting positive mental health in schools;

- ensure that national initiatives such as mental health awareness days are embraced and celebrated within school;
- support students to contribute to the school's mental health and well-being provision, for example through peer-support programmes[5];
- ensure that all staff understand their role to support positive mental health and their responsibilities as set out in Keeping children safe in education and
- promote physical activity as a means of promoting good health including good mental health.

All Staff

All staff have a crucial role in promoting positive mental health. By developing and maintaining positive relationships with students and colleagues, staff will be more likely to recognise changes in mood that may be the early warning signs of declining mental health.

Staff will:

- develop positive relationships with all students to foster a sense of belonging and trust;
- contribute to a safe school environment for all, through embedding trauma-informed approaches, seeking to understand the context behind behaviour and avoiding re-traumatisation;
- understand that behaviours may be communicating a need that some students are not able to verbalise;
- understand their duties as set out in Keeping children safe in education;
- be aware that mental health problems can be an indicator the child has suffered or is at risk of suffering abuse, neglect or exploitation;
- use their observations and knowledge of children and their professional curiosity to recognise behaviours that may indicate low mood, declining wellbeing or highlight safeguarding concerns;
- report concerns about students' mental wellbeing to the school's senior mental health lead
- take immediate action, following the school's safeguarding policy, if they believe that a mental health concern may also be a safeguarding concern, informing the designated safeguarding lead and recording their actions on MyConcern;
- model good self-care and take steps to protect their own mental health and well-being; improved staff wellbeing has a positive impact both on their ability to effectively manage student behaviour [6] as well as on students' wellbeing[7] ;
- take opportunities to talk about and promote positive mental health and wellbeing throughout the curriculum; for example, by encouraging participation in the wider curriculum, emphasising the link between physical activity, including participation in clubs and activities, and wellbeing; making explicit the link between good attendance at school, academic achievement, good physical health and good mental health[8] and
- recognise that poor attendance could be an indication that a student is suffering from poor mental health and take steps to raise these concerns with the school's mental health lead, safeguarding and attendance teams as appropriate.

Students will:

- take responsibility for their own mental health, as far as possible, for example, by taking part in clubs, societies and activities, and making a positive contribution to school life;

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[5] Establish a peer support programme in your school or college | Anna Freud
[6] Bates, 2021.
[7] Harding et al., 2019; Ramberg et al., 2019.
[8] A brighter future: The impact of the DofE on young people's mental health and wellbeing - NFER

- recognise when they or another student need additional help and support and inform a teacher or trusted adult when this is the case and
- when appropriate, contribute to the school's mental health and well-being provision.

7. Supporting Peers

When a child is struggling with their mental health, some will find it easier to talk to their peers than to adults. 'Peer support' is an umbrella term that encompasses a range of interventions and approaches, including peer tutoring, coaching, listening, mentoring, mediation and counselling, befriending and buddying.

Participation will only be with the student's consent and with parental approval.

Core principles of peer mentoring are:

1. involving the right people: thinking carefully about mentor and mentee recruitment.
2. focussing on relationships: building trusted relationships between mentors and staff overseeing the programme for effective information sharing.
3. encouraging pupil voice: collaborating and co-designing the programme to mentors feel they have a sense of ownership and pride in the programme.
4. ensuring adequate boundaries: mentors having adequate training and supervision to be safe and supported.9

Peer support requires considerable staff oversight to set up, train the pupils involved, and to provide ongoing support to mentors with safeguarding concerns. School should consult the document referred to below if they are considering implementing this model. 10 The senior mental health lead will be able to provide guidance and advise whether this is an appropriate option. Further details are available in Appendix F.

8. Working with families and carers

Schools should seek ways to engage families and carers in supporting positive mental health. These may include:

- highlighting sources of information and support about mental health and wellbeing on school websites and regular newsletters;
- ensuring they inform parents and carers about how mental health and wellbeing are covered in the curriculum;
- encouraging wider community engagement in promoting positive wellbeing;
- planning and running parent and carer support groups/events;
- sharing ideas about how parents and carers can support positive mental health at home;
- developing promoting positive and open, positive relationships with school and
- referring concerns e.g. to early help when needed.

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[9] Establish a peer support programme in your school or college | Anna Freud
[10] Peer support and children and young people's mental health (publishing.service.gov.uk)

9.   Mental health in the curriculum

Our curriculum should whisper to our children "you belong. You did not come from nowhere. You are one of us. All this came before you, and one day you too might add to it.[11]

Our schools have a strong commitment to providing an inclusive curriculum that aids students in developing emotional regulation skills and making their mental and physical health a priority. We will teach students the significance of getting enough sleep, exercising, and eating healthily, as well as techniques for managing their emotions and seeking help when needed. We will tailor Personal Social and Health Education (PSHE) and Relationship, Sex, and Health Education (RSE) programmes to meet the specific concerns of each student cohort. In addition, our assembly programme will highlight the importance of good mental health and resilience. Our school websites offer resources to help parents and carers support their children's mental health and overall wellbeing.

All schools in the Partnership place great importance on personal development as it fosters resilience and confidence in our students. To achieve this, we encourage our students to participate in a variety of personal development opportunities and school projects. We also ensure that our staff members are adequately trained to teach mental health and relationships, sex, and health education with confidence, following the guidelines from the PSHE Association. In addition, we offer ongoing professional development opportunities for all staff members involved in teaching mental health.12

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[11] Why teach? | Ben Newmark (wordpress.com)
[12] Mental health and emotional wellbeing teacher guidance (pshe-association.org.uk)

Appendix A – School based contacts

At Coton Green Primary school our designated staff are:

1.   Mrs V. Eccles- Mental Health Lead

2.   Mr R. Osborne - Lead Designated Safeguarding Lead

3.   Mrs V. Eccles – Mental Health First Aider

Appendix B Risk Factors, ACEs and Protective Factors

'A positive sense of wellbeing enables an individual to be able to function in society and meet the demands of everyday life. People in good mental health have the ability to recover effectively from illness, change or misfortune.'[13]

Emotional and mental health exist on a continuum. This means that we all go through periods of good and poor mental wellbeing. However, there are proven protective factors that can help reduce instances of and prevent more severe episodes of poor mental health and mental illness. Some of these protective factors are listed below- this is by no means a comprehensive list.

Below is a table of the most identified risk factors and protective factors.

Table 1: Risk and protective factors that are believed to be associated with mental health outcomes

	Risk factors	Protective factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• 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	• 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

	Risk factors	Protective factors
In the school	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

We recognise the cumulative effect of risk factors and the protective factors that support good mental health and wellbeing. We understand that these factors can impact mental health outcomes. We train staff identify early warning signs of mental health problems.

Adverse Childhood Experiences (ACEs) are incidents that increase the likelihood of poor mental wellbeing throughout a person's life course. These experiences can include various forms of abuse, growing up in poverty, and having a parent or carer who misuses substances, has mental illness, or has been affected by domestic violence.

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[13] Mental Health Foundation | Good mental health for all

70/30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing

Abuse
- Emotional abuse
- Physical abuse
- Sexual abuse

Household Challenges
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

Neglect
- Emotional neglect
- Physical neglect

People with 6+ ACEs can die

20 yrs

earlier than those who have none

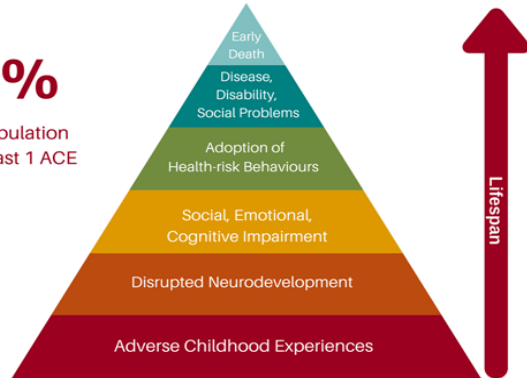1/8 of the population have more than 4 ACEs

www.70-30.org.uk
@7030Campaign

4 or more ACEs

3x the levels of lung disease and adult smoking

11x the level of intravenous drug abuse

14x the number of suicide attempts

4x as likely to have begun intercourse by age 15

4.5x more likely to develop depression

2x the level of liver disease

"Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today"

Dr. Robert Block, the former President of the American Academy of Pediatrics

67%

of the population have at least 1 ACE

Early Death
Disease, Disability, Social Problems
Adoption of Health-risk Behaviours
Social, Emotional, Cognitive Impairment
Disrupted Neurodevelopment
Adverse Childhood Experiences

Lifespan

We recognise the importance of understanding the impact of adverse childhood experiences on children and young people. We seek wherever possible to minimise the likelihood of children experiencing additional ACEs by identifying signs that children are in need of help and support and providing this support whenever possible. We seek to minimise the ongoing impact of ACEs by supporting children who have already experienced trauma.

All schools within the Trust are committed to developing trauma-Informed practice. All our staff recognise the importance of creating a positive and emotionally stable environment which supports a healthy school culture.

Example of how trauma can affect us;
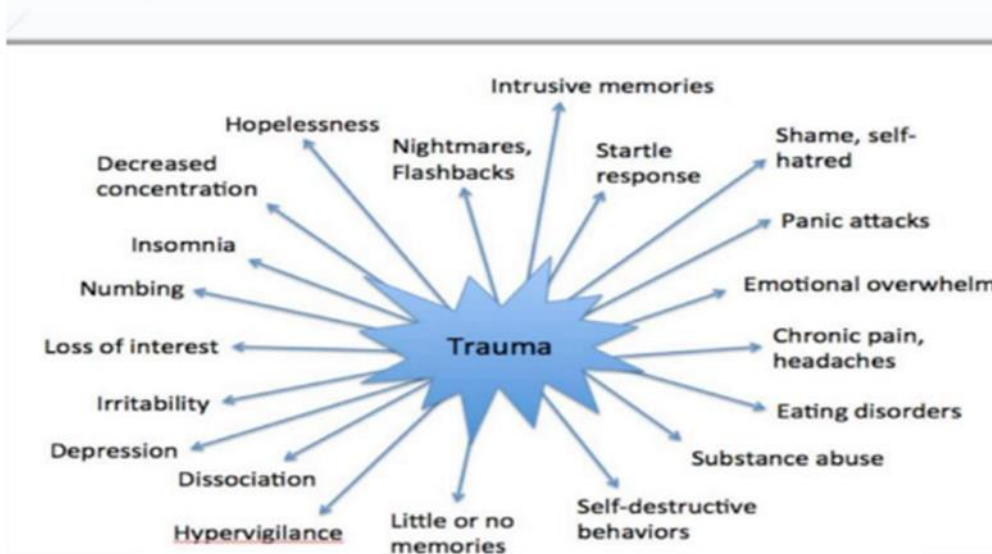
When necessary and in conjunction with the school's mental health lead we will make appropriate adjustments to the classroom environment to support those who may be facing emotional and mental health challenges.

Appendix C Indicators of Potential Mental Health Issues.

Even when a student presents as happy, appears successful, or comes from a stable background, they may still be struggling internally. Risk factors may not always be present. Therefore, it is important to be aware of other signs such as unusual behaviour or self-harm.

Below is a list of possible signs that a student may be suffering from MH concerns. This is far from an exhaustive list and staff should as ever be alert to any changes in behaviour. Equally, a student may present these signs and it does not necessarily indicate any MH difficulties. As ever, our knowledge of the individual child is all important.

- Drug and/or alcohol misuse or risk-taking behaviour.

- Negativity and lack of self-esteem.

- Out-of-character behaviour

- Bullying other pupils.

- A sudden change in friends or withdrawal from a group.

- Physical signs that self-injury may be occurring.

- Obvious cuts, scratches, or burns that do not appear of an accidental nature.

- Frequent 'accidents' that cause physical injury.

- Regularly bandaged arms and/or wrists.

- Reluctance to take part in physical exercise or other activities that require a change of clothes.

- Wearing long sleeves and trousers even during hot weather.

- Sporadic attendance and/or persistent or severe absence from school (see below).

School non-attendance (previously known as Emotionally based school avoidance)

Attending school regularly has a long-term, positive impact on health as well as other outcomes. Good attendance is a protective factor against poor mental health.
Many students will experience emotions that make them nervous about attending school, such as worries about friendships, schoolwork, exams or variable moods. These are normal worries. Students are still expected to attend school regularly. School staff should work quickly to communicate this expectation to parents and carers, and work together with them to ensure that such circumstances do not act as a barrier to regular attendance.
Emotionally Based School Avoidance (EBSA) is a term used to describe challenges in attending school due to negative feelings (such as acute or chronic anxiety) that some children and young people face. EBSA is commonly associated with emotional and physical distress, and a reluctance to attend school, which can lead to reduced attendance and further anxiety regarding school.
We recognise that there can be attendance challenges where a child has a social, emotional or mental health issue, particularly a severe issue for which the child is receiving clinical treatment.
We will ensure that we put relevant pastoral support in place with the aim of improving attendance as much as possible, while supporting the underlying mental health issue. We will look at how we can make reasonable adjustments to overcome specific barriers to attendance. For example, a trusted adult periodically checking how the pupil is feeling or enabling the pupil to access a quiet space at break times can be effective ways of helping a child to feel less anxious about attending school. These adjustments should be agreed by and regularly reviewed with all parties, including parents and carers.

When appropriate we will refer to in-school or external professional support. This might include community groups, counselling services, psychological practitioners or, where available, Mental Health Support Teams We will support parents and carers when there is a need for the child to visit a health professional in relation to a mental health concern.

Appendix D Identifying Need and Monitoring impact.

All schools within the Trust follow the NHS graduated approach, starting with universal provision to identify mental health issues early before they require more serious interventions:

Step 1:
Self directed help and health and wellbeing services.

Support at this level usually involves responding to stress and mild emotional difficulties which can be resolved through making recovery focused lifestyle adjustments and adopting new problem solving and coping strategies.

Step 2:
Primary Care Talking Therapies.

Support at this level usually involves responding to mental health and emotional difficulties such as anxiety and depression. Recovery focused support involves a combination of talking therapies and lifestyle advice.

Step 3:
Specialist Community Mental Health Services.

Support at this level usually involves responding to mental health problems which are adversely affecting the quality of personal / daily and/ or family/ occupational life. Recovery focused support and treatment will involve a combination of psychological therapies and/ or drug therapies.

Step 4:
Highly Specialist Condition Specific Mental Health Services.

Support at this level usually involves providing care in response to complex/ specific mental health needs. Care at this step involves the delivery of specialist programmes of recovery focused support and treatment delivered by a range of mental health specialists.

Step 5:
High Intensity Mental Health Services.

Support at this level is usually provided in response to mental health needs, including adopting new problem solving coping strategies, which involves the delivery of intensive recovery focused support and treatment provided at home or in hospital.

To help identify potential mental health concerns, we use screening tools such as the three houses, and strength and difficulties questionnaires (SDQ's). These resources help us to identify any potential risks, past challenges, and early difficulties that may require support and management. Our objective is to address these concerns before they develop into more serious crises. The level of need is RAG rated as per the table below.

Level of Mental Health provision	Examples	For
Green- Universal and *pre-emptive* Ensuring a whole school approach to mental health helps to remove the associated stigma and encourages children and young people to talk about their feelings.	Trauma-informed principles All staff are trained in trauma-informed approaches. Wellbeing lessons and dropdown days. Targeted wellbeing weeks. Specified staff and wellbeing areas. Mental health and wellbeing displays. Peer mentors/wellbeing leaders. Pastoral support and trusted adults.	All students

	Mental health signposting on the school website. Regular training for all staff on mental health awareness	
Amber – Targeted Support, *pre-emptive and responsive* Having trained staff with the necessary skills and confidence to provide mental health first aid and direct students to the support they require can be crucial in accelerating a young person's recovery, preventing issues from escalating into a crisis, and ultimately saving lives.	Inhouse referral system. 1:1 or group interventions in school	Students who require some additional support with their mental health.
Red – Critical support – *responsive/referral* Designated school staff, trained in mental health, provide support to students through assessments and interventions. They work collaboratively with all stakeholders, such as headteachers, teachers, pastoral and learning support teams, parents, carers, and outside agencies, to promote learning and well-being outcomes for all children and young people. If required, we refer to psychological agencies and on-site and off-site counselling	Lead DSL, Mental health lead, designated mental health staff. Referral to outside agencies including counselling services. Liaison with agency professionals to facilitate ongoing support and safeguarding. Care plan	Students who require specialist support with their wellbeing and mental health.

Should a staff member believe that a student is experiencing mental health issues, they should seek advice and guidance from the senior mental health lead. They should do so without delay.

The senior mental health lead or designated staff member in each school will implement a graduated response to identify needs and provide appropriate support. This will include:

1.   identifying the student's precise needs

2.   providing the necessary support, which may include creating a personalised care plan and/or a risk assessment and

3.   reviewing, at such intervals as are agreed on the plan, the effectiveness of the support in collaboration with the student, their parents or carers and school staff as appropriate.

Intervention and Support

The senior mental health lead/ designated member of staff and/or other organisations (where involved) will advise staff on the most suitable support for the individual student's needs.

This support may come from within the school or an external specialist service. For school-specific graduated responses please see Appendix E.
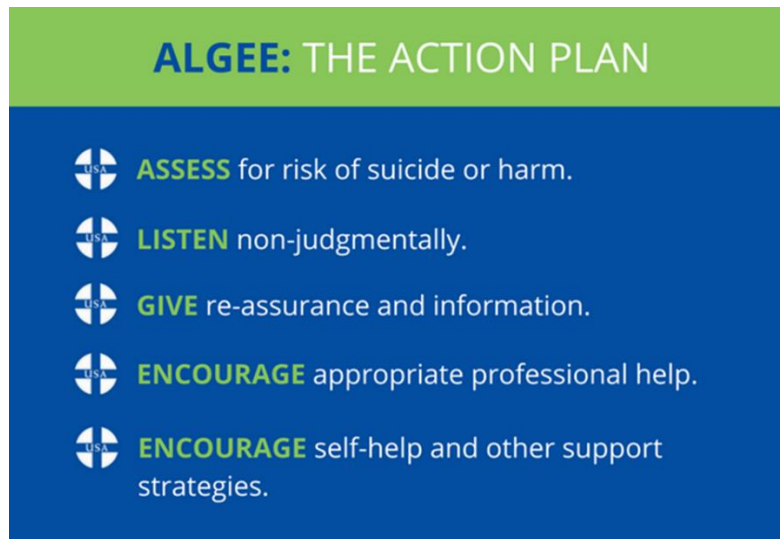
Individual Safety/Care Plan

If a student has been diagnosed with a mental health illness, received support from specialist mental health services, or attempted suicide, an individual safety/care plan should be created. The plan should be developed with the student, a parent or carer, and relevant professionals.

The plan should include:

- details regarding the diagnosis or issue presented by the student.

- agreed strategies that provide support that can prevent any further damage to the mental health of the student and ensure a safe environment for everyone.

- any medication requirements.

- the role of specific staff within the plan.

- whom to contact in an emergency.

The ALGEE model

If staff encounter a student who they suspect may be struggling with emotional dysregulation and poor wellbeing, it is advisable to follow the approach below and use simple language to assess the level of support they need:

ALGEE: THE ACTION PLAN

- ASSESS for risk of suicide or harm.
- LISTEN non-judgmentally.
- GIVE re-assurance and information.
- ENCOURAGE appropriate professional help.
- ENCOURAGE self-help and other support strategies.

Mental Health First Aid England14

ALWAYS – Log the conversation on My Concern and speak to the designated Mental Health Support staff immediately if the young person requires further support.

Approach, Assess, Assist:

- Where possible find a safe place to discuss the concern with the student.

- Find out how they are feeling; "How are you feeling today?"

- Empathise: "I understand why you would be feeling anxious / stressed / upset"

- Ask questions: "How long have you felt like this?"

- "How often do you feel like this?"

If you feel that the young person might be at risk of suicide or self-harm -

- "Have these thoughts ever caused you to do anything that would harm you?"

- "Are you having thoughts of suicide?" "Do you have thoughts of how, when or where?"

- Clarify if the student has the means to carry out their thoughts/plans of suicide – this will help assess the immediacy of risk.

- "Are you self-harming?"

Listen

- Maintain a calm, soft, and non-judgemental tone. Where possible, ensure privacy during the conversation and ensure the surroundings remain a safe space for the student to share information.

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[14] Resources · MHFA England

- Allow the young person to discuss what their most urgent needs are and consider what support they might need. Ask simple questions, one at a time.
- Questions you might ask could be "Can you tell me a little more about how you are feeling?"
- "You mentioned .... tell me a little more about that?"
- Try to remain empathetic and show understanding of how they are feeling, and/or positively acknowledge that they are feeling that way.
- If the young person is struggling to regulate their emotion, try grounding exercises or breathing exercises such as the 5 senses, the 5,4,3,2,1 method or counting the number of colours in the room.

Give

- Suggest positive coping strategies e.g. Getting enough rest, eating properly, getting involved in activities.
- Suggest specific coping strategies: e.g. Breathing exercises, grounding techniques, gratitude exercises, growth mindset exercises.
- Suggest contact with friends and family and enquire who they feel they can talk to.
- Offer the pupil reading material on various coping techniques.

Encourage

- School and home-based support signposting
- The student to contact age-appropriate resources.
- The student to use the resources available to them (e.g. Mental Health Videos, Chat Health, Grounding Technique resources, Breathing technique information)
- The young person to speak to their friends, parents/ carers about their feelings.

Encourage - External Signposting

When needed, encourage the pupil or their guardian:

- to engage with the intervention groups in school
- to speak to their GP about mental health support
- to make a self-referral (16 and over)
- to attend their counselling or therapy sessions

Appendix E – Identifying and supporting mental health needs: the graduated response

To prioritise the mental health and wellness of our students proactively, we utilise the screening tool called the 3 Houses. This resource enables us to identify any potential risks, past challenges, and initial difficulties that may require support and management. Our goal is to address these concerns before they escalate into crises.

At Coton Green Primary School, our graduated response is as follows:

Need	Evidenced-based intervention	Monitoring
High Need	E.G. Educational Psycholgist Involvement, external services, Local Mental Health Sevices such as Action for Children.	Mental Health Safety Plan Identified key worker Emotional exit pass
Some Need	E.G. Access to 'The Hive' our nurture room with our Pastoral lead. 1:1 intervention is offered and designed for the child.	Weekly DSL Meetings Provision Map
Low Need	E.G. we offer monitoring and check-ins with designated staff members (our Pastoral team). We also provide a safe place for individuals when needed. Our clubs and activities are targeted to specific interests.	
Low need – dysregulation We recognise that all children and adults may become dysregulated. For some students this may indicate a mental health need.	There are times when groups of children may become dysregulated in class. The strategies to address group dysregulation are covered in our Relationships and Behaviour policy. For students who demonstrate emotional dysregulation as part of a mental health need we will agree and employ specific strategies to encourage the student to be able to regulate themselves. These strategies will be identified on the student's care plan which will be shared with staff.	

Appendix F– Peer Support

At Coton Green Primary school the pastoral team can arrange one-on-one or group support sessions for students to receive advice on how to support each other. At Coton Green Primary school, we're fortunate to have peer mentors who are trained to help their peers during tough times and transitions.

Here are some conversation topics that might be helpful:

- How friends and peers can often offer the best support.
- Peers should be advised on which phrases and actions to avoid preventing causing unintentional upset.
- Guidance on what is important to know about the signs of relapse in a friend or peer who may need assistance.
- Signpost them to safe and reliable sources of further information about their friend's condition.
- Remind those offering assistance about accessing support for themselves should they experience difficulty with their emotions.

Appendix G – Useful links and resources

https://www.nhs.uk/mental-health/children-and-young-adults/mental-health-support/mental-health-services/

https://www.youngminds.org.uk/

https://www.mind.org.uk/for-young-people/

https://www.childline.org.uk/info-advice/your-feelings/mental-health/

https://learning.nspcc.org.uk/child-health-development/child-mental-health

https://www.staffordshire-ewb.actionforchildren.org.uk/

https://www.malachi.org.uk/

DfE: Summary of responsibilities where a mental health issue is affecting attendance (publishing.service.gov.uk)

Terminology:
https://www.youngminds.org.uk/speaking-the-same-language-on-mental-health

https://www.youngminds.org.uk/young-person/your-guide-to-support/glossary/

https://www.stanfordchildrens.org