



Westfield Nursery School Positive Mental Health Policy

Vision

At Westfield Nursery we aim to deliver against our vision 'Inspired beginnings, outstanding futures'.

Definition

Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Promoting and protecting mental health is also critical to a well-functioning society. It fosters social capital and solidarity, which are essential during times of crisis.

World Health Organisation 2022

Why is this so important?

In 2021, research by the UK government's Health and Safety Executive found that that teaching staff and education professionals had the highest rates of work-related stress, depression and anxiety in Britain. Research conducted in 2019 has also found that teacher stress has an impact on children's learning in primary schools.

(<https://www.leedsbeckett.ac.uk/carnegie-school-of-education/research/carnegie-centre-of-excellence-for-mental-health-in-schools/school-mental-health-network/-/media/253bcf64213a4a8582a2a0a2be6b1d49.ashx>)

The Good Childhood Report 2021 shows that modern life continues to erode the happiness of young people. (<https://www.childrenssociety.org.uk/good-childhood>)

Covid-19 was a mass trauma with increased anxiety, depression and PTSD. Nationally there has been decreased school attendance, more support required for social skills and higher staff absence. (SMHL Training- Anna Freud).

Mental Health Spectrum

Anyone of any age, gender, race, ethnicity, class, religion, culture, education, economic status, spirituality, sexual orientation can experience mental illness. How 'mentally well' you are lies on a continuum which can fluctuate day by day. It is directly impacted by our environment. Poor mental health or struggling to cope is different from having a mental illness.



Background

Mental health doesn't exist in isolation. Factors affecting mental health can include

- Lifestyle factors e.g. sleep, body image, social media
- School based factors e.g. bullying, stress
- Home based factors e.g. poverty
- Vulnerability e.g. abuse, additional needs

Westfield is aware that some groups needs e.g. LGBTQI+, people with learning disabilities (e.g. ASD) or being a part of a different ethnic minority group can impact on mental health and support.

Protective Factors

Protective factors are things that encourage people to thrive despite adversity. They can provide a buffer – either protecting against development of a mental health concern or helping them to cope better. For example, practical needs being met, healthy, secure attachment relationships, based on trust, development of positive coping strategies, access to appropriate and timely support and supportive responses from a strong network.

Principles

Westfield Nursery School places a high value on maintaining a healthy and safe working environment for all its employees and pupils. We recognise our duty of care extends to mental health as well as physical health at work. We are committed to providing a supportive working environment that maintains and promotes health and well-being.

5 principles:

- Safe
- Hope
- Calm
- Connectiveness
- Efficacy (the ability to produce a desired or intended result)

Aims

- Establish, promote and maintain a culture of consultation, participation and open communication.
- Raise the awareness of staff about mental health conditions.
 - Provide opportunities for employees to maintain and promote their health and well-being.
- Manage workplace pressures.
- Undertake annual Performance Management reviews with each member of staff to ensure that the work role and tasks match the relevant job descriptions, and to ensure that job descriptions are up to date.
- Supports well-being for children and families

Benefits of Good Well-Being

- Feel more valued
- Better coping strategies
- Reduced absences
- Better productivity/ learning

Types of Mental Health Conditions

See Appendix 1

Well- Being Charter

See Appendix 2

Strategies for supporting positive mental health

See Appendix 3

Roles and Responsibilities

The governing Body oversee mental well-being. The Headteacher is the senior mental health lead.

Recruitment and Selection

-The full range of tasks and demands of the job are set out clearly in the job description and person specification and are discussed in the interview process. Areas of potential pressure should be identified

-All references must seek information about candidates' sickness and absence records for the previous two years and must comply with the requirements of the Disability Discrimination Act

-For posts where it is recognised that a higher-than-normal level of pressure and stress exists, candidate's tolerance to stress should become a factor in the selection process

Induction

-All employees receive induction into their jobs. Starting a new job can be a stressful time and a planned induction should help eliminate any concerns

-Within the induction programme, well-being policy, charter and support will be discussed

Attendance Management

As part of professional review meetings with staff, absences may be discussed with the staff member, and underlying reasons identified

Training and Development

The identification of appropriate training activities should be agreed at the beginning of a new post and reviewed no less than annually in line with the Performance Management Process

Implementation, Monitoring, Audit and Review

The Headteacher is responsible for monitoring adherence and effectiveness of this policy and for reporting to the Governing Body

Conclusion

This policy will support the understanding of mental health and ways to support this.

Reviewed September 2022



Westfield Nursery School Appendix 1- Types of Mental Health Conditions

Addictive Behaviours

Reference <https://addictionsuk.com/addictive-behaviour/>

An addictive behaviour is a behaviour, or a stimulus related to a behaviour, that is both rewarding and reinforcing, and is associated with the development of an addiction. People can spend the majority of time engaging in the behaviour, thinking about or arranging to engage in the behaviour, or recovering from the effects, becoming dependent on the behaviour as a way to cope with emotions and to “feel normal”. People may continue despite physical and/or mental harm; neglecting work, school, or family to engage in the behaviour more often. People may also minimise or hide the extent of the problem.

Anticipatory Anxiousness

Reference <https://www.healthline.com/health/anticipatory-anxiety>

Anticipatory anxiety describes fear and worry around bad things that *could* happen. It can happen in a lot of different contexts, but it commonly focuses on things you can't predict or control.

Anxiety Disorders

Reference <https://www.nhs.uk/conditions/generalised-anxiety-disorder/>

Anxiety is a feeling of unease, such as worry or fear, that can be mild or severe. Everyone has feelings of anxiety at some point in their life. E.g. in relation to a medical test or job interview. During times like these, feeling anxious can be perfectly normal. But some people find it hard to control their worries. Their feelings of anxiety are more constant and can often affect their daily lives.

Anxiety is the main symptom of several conditions, including:

- panic disorder
- phobias
- post-traumatic stress disorder (PTSD)
- social anxiety disorder (social phobia)
- generalized anxiety disorder (GAD)

Identifying the signs:

There can be physical and emotional symptoms which could include headaches, stomach aches or just feeling unwell, dizziness, faintness, breathlessness, sweating, not sleeping or eating properly, being tearful, having difficulty concentrating and lashing out at others.

Bi-polar

Reference <https://www.nhs.uk/Conditions/Bipolar-disorder/>

People with bipolar disorder have episodes of:

- depression – feeling very low and lethargic
- mania – feeling very high and overactive

Body Dysmorphic Disorder (BDD)

Reference <https://www.nhs.uk/conditions/body-dysmorphia/>

Body dysmorphic disorder (BDD), or body dysmorphia, where a person spends a lot of time worrying about flaws in their appearance, these flaws are often unnoticeable to others.

Borderline Personality Disorder (BPD)

Reference <https://www.nhs.uk/Conditions/borderline-personality-disorder/>

Borderline personality disorder (BPD) is a disorder of mood and how a person interacts with others. A sufferer will differ significantly from an average person in terms of how he or she thinks, perceives, feels or relates to others.

Challenging Behaviour

Persistently behaving in a challenging way is often how people communicate that something is wrong - or is a sign that they may be in distress. Some people get stuck in patterns of challenging behaviour and struggle to develop strategies they can use to feel calmer.

Depression

Reference <https://www.nhs.uk/conditions/clinical-depression/>

Most people go through periods of feeling down, but when you're depressed you feel persistently sad for weeks or months, rather than just a few days. Symptoms vary widely for example lasting feelings of unhappiness and hopelessness, to losing interest in the things you used to enjoy and feeling very tearful.

Identifying the Signs: being moody and irritable, not being interested in things they used to enjoy, not wanting to go out, feeling tired or exhausted, becoming withdrawn and isolating self from others, feeling unhappy and miserable or becoming tearful, sleep problems or sleeping a lot, changes in appetite, being self-critical, feeling hopeless and/or worthless.

Eating Disorders

Reference <https://www.nhs.uk/conditions/eating-disorders/>

An eating disorder is when you have an unhealthy attitude to food, which can take over your life and make you ill. It can involve eating too much or too little or becoming obsessed with your weight and body shape.

There are three main types of eating disorder: Anorexia nervosa (known as anorexia), bulimia nervosa (known as bulimia) and binge eating disorder.

Identifying the signs:

Often skips meals, or says they have eaten earlier or eaten later when asked, avoids eating around other people, eats very slowly, regularly goes to the bathroom soon after eating, becomes socially withdrawn and isolated, physical signs including: thinning hair, dry skin, wearing baggy clothing, or often complaining of being cold.

Prolonged Grief Disorder

A persistent and pervasive longing for, or preoccupation with, the deceased that lasts at least six months after loss.

Secondary Trauma

The stress caused by helping or wanting to help a traumatised or suffering person. Secondary trauma symptoms are similar to those experienced by the helped person. (Figley, 1995)

Identifying the signs:

Feeling... overwhelmed, useless and unskilled, jumpy or on edge, like the world is no longer safe, numb or disconnected, helplessness, anger or despair

Experiencing... mental pictures or intrusive thoughts relating to the event(s), disturbed sleep or nagging physical complaints, changes to working, eating or drinking habits, having no energy for self or for others.

Self-Harm

Self-harm is when a person intentionally damages or hurts their body. It can become addictive because of the natural pain-relieving endorphins that are released when people hurt themselves, which can give a temporary sense of relief. Each person's relationship

with self-harm is complex and different. It often happens during times of anger, distress, fear, anxiety, loss or depression.

Stress

Reference <https://www.nhs.uk/conditions/stress-anxiety-depression/understanding-stress/>

The Health and Safety Executive has defined stress as 'the reaction people have to excessive pressures or other types of demand placed on them. It arises when they worry, they can no longer cope'. (1999) (*Annual Report HSE 1999*)

In its positive manifestation stress can act as a motivational and enabling force, in its negative format however stress becomes harmful and disabling and therefore a potential cause of physical and mental illness.

Pressures can arise from an individual's personal life as well as from work and people vary in their capacity and ability to cope with different types of pressure. Some individuals will recognise that their health is affected and will seek help; others will not recognise or acknowledge that they are stressed although it may be apparent to their Headteacher and/or work colleagues. Although stress is not an illness, there is evidence that stress can lead to mental and physical ill health.

Identifying the signs:

-Persistent or recurrent moods anger, irritability, detachment, worry, depression, guilt, and sadness.

-Physical sensations/effects aches and pains, raised heart rate, increased sweating, dizziness, blurred vision, skin or sleep disorders.

-Changed behaviours difficulty concentrating or remembering things, unable to switch off, loss of creativity, making more errors, double checking everything, increasing use of substances.

-When stress is experienced over long periods other signs can develop, for example, high blood pressure, heart disease, ulcers, anxiety, long-term depression.

-Poor work performance less output, lower quality, poor decision making.

-Relationships at work conflict between colleagues, poor relationships with children/parents.

-Staff attitude and behaviour loss of motivation or commitment, poor timekeeping.



Westfield Nursery School Appendix 2- Well-Being Charter

What is the 'Well-being Charter'?

The Westfield Nursery 'Well-being Charter' is a statement of intent, showing the commitment of governors and senior leaders to the health of the people who work here, the children who attend and their families.

We believe that our staff are our most precious resource and provide valuable, high impact learning experiences for all learners.

'All staff have extremely positive relationships with children. They model calmness and patience. Adults encourage children to understand how their actions can affect the feelings of others. Children know they are valued and are safe.' Ofsted June 2021

The following charter has been developed to promote and foster well-being across the school.

"Those who are nurtured best, survive best"

Louis Cozolino, The Neuroscience of Human Relationships: Attachment And the Developing Social Brain, 2014



Well-being Framework for Staff:

Principles:

Trust

We trust you in what you do

Happiness

We want you to be happy in work

Care

We care about you

Support

We will support you when/if you need it

Guidance

We will offer guidance when/if you need it

Interest

We take an interest in you beyond the school

Balance

We want you to get the balance of work and personal life right; Make time for yourself and family.



We are aware of:

Spiritual well-being

-Promoting self-worth; feeling valued, as effort and contributions are recognised building on achievements and ongoing improvement and development (e.g. Performance management/ end of term review)

-Encouraging staff voice, increasing opportunities for staff to share feels, thoughts and opinions (e.g. staff meetings)

Building community connections (e.g. Bedfordshire well-being service)

Cognitive well-being

-Teaching and learning-promote good physical, social, emotional and mental health and helps equip children, staff and families with the skills and attitudes to make informed decisions about their health (e.g. CPD)

-Supporting competence (e.g. Journal club; peer mentoring/ Performance management)

-Activating prior knowledge/ revisiting previous learning (e.g. SEF/ SDP/ staff meetings/ CPD)

-Supporting autonomy (e.g. staff roles + responsibilities)

Social well-being

-Valuing each adult (e.g. staff meetings)

-Team building exercises (e.g. social events)

Emotional well-being

-Support (e.g. Supervision)

-Well-being checklist (e.g. poster in staff toilets)

-Well-being toolkit (given to staff members)

Physical well-being

-Promoting active lifestyles (benefits of exercise & healthy eating)

-Regular hygiene (e.g. handwashing)



✓	Ideas:
	Talk about your worries and concerns
	Be kind to yourself- do not set unrealistic expectations
	Think about your stress triggers and relievers; be mindful of your self
	Be mindful of others; everyone's experience will have been different
	Eat a healthy diet, limiting any substance consumption such as alcohol
	Drink enough water
	Do some exercise each day
	Have a relaxation period
	Get some fresh air
	Do things you enjoy e.g. a hobby
	Follow good bedtime habits
	Use news/ social media content wisely

Emotion Coaching

1. Be aware of the emotion
2. Empathise with the emotion
3. Label and validate the emotion
4. Set limits
5. Solve the problem



Resilience

Resilience is about 'Emotional regulation and the ability to recognise, understand and act on internal prompts and signals.'
Oshio et al (2003)



Think of a scale of 1 to 10 where 0 is breaking point and 10 is perfect calm and happiness.

0	<p>Where would you rate your score at the moment?</p> <p>Everyday think how can I be 'one more' on the scale?</p>	10
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Building Resilience:

- Have a secure base
- Feeling connected
- Having secure relationships
- A sense of belonging
- Good self esteem
- Equipped to manage emotions

Further advice:

From the nhs at <https://www.nhs.uk/oneyou/every-mind-matters>
<https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/>

From Bedfordshire Well-Being Service at
<https://bedfordshirewellbeingservice.nhs.uk/>
Telephone 01234 800400 (Monday-Friday)



Well-being Checklist



Take a moment to think about today.



Acknowledge one thing that was difficult. Let it go.



Consider two things that went well.



Consider one person who contributed positively to your day.



Choose an action that signals the end of your day.



Now switch your attention to home.



How will you rest and recharge?
Enjoy your evening.



Well-being Framework for Children:

Principles:

Spiritual well-being

- Promoting self-worth; feeling valued, as effort and contributions are recognised building on achievements and ongoing improvement and development (e.g. special helpers/ stickers/ learning journeys)
- Encouraging pupil voice, increasing opportunities for pupils to share feels, thoughts and opinions (e.g. planning/ review/ after special events)
- Building community connections (e.g. home-school links, working with local schools + agencies/ community projects e.g. Dunstable in Bloom)
- Celebrating and supporting diversity (e.g. using translation cards + apps/ dual language resources/ faith celebrations)

Cognitive well-being

- Teaching and learning-promote good physical, social, emotional and mental health and helps equip children, staff and families with the skills and attitudes to make informed decisions about their health (e.g. Personal, Social and Emotional Development/ 'My Smile'- oral hygiene).
- Supporting competence (e.g. scaffolding new learning/ sequenced curriculum/ self-access resources)
- Activating prior knowledge/ revisiting previous learning (e.g. review time/ looking at learning journeys)
- Supporting autonomy (e.g. planning time/ conflict resolution/ key messages such as kind hands, kind feet, kind mouths/ words & choose it, use it, put it away)

Social well-being

- Valuing each child (e.g. greeting each child by name/ message board)
- Providing choices (e.g. following possible lines of development/ planning time)
- Modelling positive behaviours & interactions (e.g. conflict resolution)

Emotional well-being

- Clear expectations (e.g. Timetable)
- Teaching names of emotions/ self-regulation strategies (e.g. 'My time')
- Modelling interactions (e.g. friendship week & bench)

Physical well-being

- Promoting active lifestyles (e.g. Activ8, yoga)
- Regular hygiene (e.g. handwashing)

(School Readiness)

- Being able to sit and listen (e.g. message board/ story time)
- Being aware of other children (e.g. child-initiated play)
- Understanding the word 'no' and other boundaries set for behaviour
- Understanding the word 'stop' and that this may be used to prevent danger
- Being toilet trained
- Recognising their own name (e.g. name card)
- Talk to an adult and explain their needs (e.g. snack time)
- Dress themselves
- Talk in sentences
- Open and enjoy looking at a book

Well-Being

Ferre Laevers (1997) spent many years studying how experiences affect young children's behaviour. He writes, "For development to occur, children need to be high on emotional well-being and high on involvement"

Laevers identified the following signs of well-being:

- Openness and receptivity
- Flexibility
- Self-confidence and self-esteem
- Assertiveness
- Vitality
- Relaxation and inner peace
- Enjoyment without restraints
- Being in touch with one's self

Thinking about children's well-being, helps us to identify which of the children might need extra help to cope with change or access the curriculum. We monitor this termly to target support where it is needed.

Well-Being Scales

Well-being scale	Appearance and behaviour
1	Extremely low well-being. These children usually feel and look "low"
2	About half of the time, these children display signs of emotional discomfort. They seldom enjoy themselves and may enjoy hurting others
3	These children seem quite happy. Occasionally they show signs of discomfort or leave a neutral impression with regard to well-being
4	These children seem generally happy. Moments of well-being clearly outnumber the moments of discomfort
5	Extremely high level of well-being. These children feel like fish in water. They radiate vitality, relaxation, relaxation and inner peace



Westfield Nursery School

Appendix 3 Strategies Supporting Positive Mental Health

	Universal (all)	Targeted (some)	Specialist
Adults	<ul style="list-style-type: none"> -Staff to use the policy, well-being charter and toolkit as a point of reference -Talk to trusted colleague -Act with sensitivity -Well-being time incorporated into staff development e.g. staff meeting -Staff/ team events e.g. quiz, meal -Staff training e.g. x2 staff completed 'Well-being for Education' by DfE -Use well-being strategies such as well-done/ thank you messages -Individuals recognise the importance of training and development (as a means of developing competence and well-being in the job) -Supervision meetings -Peer-peer support -Governors annual well-being questionnaire/ interviews -Utilise resources e.g. well-being file 	<ul style="list-style-type: none"> -Signpost to support services e.g. Bedfordshire's well-being service https://bedfordshirewellbeingservice.nhs.uk/ -Leaders provide an ear and information to help individuals to overcome their problems (before job performance is affected) -Talk to a senior staff member -Individuals should take an active part in determining their own needs 	<ul style="list-style-type: none"> -Individuals should seek support/ diagnosis from their GP and/ or a professional body e.g. self-refer to the well-being service
Children	<ul style="list-style-type: none"> -Passionate, well qualified, caring staff (key adults) -Policies (well-being/ behaviour) -Meet & greet at the start and end of the day -Practical needs met e.g. food/ comfort -Structured timetable -Organised/ calm classroom environment -Nursery curriculum 'Communicates Their Feelings, Wants and Needs' / 'Looks After Their Health, Safety and Self Care Needs' & 'Develops a Friendship' (Personal, Social and Emotional Development) -Ferre Laevers well-being and involvement scores -Strong relationships with families -Transition programme (into Nursery/ between classes/ out of Nursery and into Reception) -Utilise resources -Safe space -Conflict resolution 	<ul style="list-style-type: none"> -Behaviour logs/ SEND plans -Intervention Groups (MyTime, Forest School, Games Group, Bucket Time, Lift Off to Language) -Staff who understand attachment, trauma and adverse childhood experiences (ACE's) 	<ul style="list-style-type: none"> - Families seek support from specialist services e.g. Health