Mental Health and Wellbeing Policy

Last reviewed: September 2025

Next review: April 2026

"If you are willing to deal effectively with the needs of able pupils you will raise the achievement of all pupils" (Joseph Renzulli).

1. Why Mental Health and Well-Being is so important at our school

1.1 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.

1.2 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.

1.3 All children go through ups and downs through their school career and some face significant life events. 1 in 6 children have a diagnosable mental condition and need additional support and 50% of adult mental health problems begin before the age of 14. These mental health needs can have an enormous impact on their quality of life, relationships and academic achievement.

1.4 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 pupils' well-being and can help engender a sense of belonging and community.

1.5 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

1.6 In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being.

2. Purpose of the policy

2.1 This policy sets out -
- How we promote positive mental health

- How we prevent mental health problems
- How we identify and support pupils with mental health needs
- How we train and support all staff to understand mental health issues and spot the 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

3. Links to other policies

3.1 This policy links to our policies on Safeguarding, Behaviour, Special Educational Needs and Disabilities (SEND) and Personal Social Health Education (PSHE).

3.2 Links with the Behaviour Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need. We consider all behaviour to be a communication of feelings.

4. A whole school approach to promoting positive mental health

4.1 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.

4.2 To promote a whole school approach we -
- create an ethos, policies and behaviours that support mental health and resilience that everyone understands.
- help pupils to develop social relationships, support each other and seek help when they need to.
- help pupils to be resilient learners through teaching approaches such as Growth Mindset, mindfulness and empathy.
- teach pupils social and emotional skills and an awareness of mental health, through everyday scenarios and the PSHE curriculum.
- identify pupils who have a mental health need early and plan support to meet their needs, including working with external specialists.
- effectively work with parents and carers.
- support and train staff to develop their skills and resilience, as well as supporting their own well-being.

4.3 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.

5. Roles and Responsibilities

5.1 We believe that all staff have a responsibility to promote positive mental health, and to understand the 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 these pupils are identified and referred to SLT and the Pastoral Leader at the earliest opportunity. They will then receive early intervention and the support they need.

5.2 All staff understand possible risk factors that might make some children more likely to experience negative mental health, such as physical long term illness, having a parent who has a mental health disorder, death and loss (including loss of friendships), family breakdown and bullying. They also understand the factors that protect children

from adversity, such as self-esteem, communication and problem solving skills, a sense of worth and belonging and emotional literacy.

5.3 The school's pastoral leaders, alongside SLT and SENCo:
- lead other staff to coordinate whole school activities to promote positive mental health.
- provide advice and support for staff and organise training opportunities.
- keep staff up-to-date with information about what support is available, for both children and adults.
- ensure the PSHE curriculum facilitates quality mental health lessons for all year groups.
- are the first point of contact and communicates with mental health services and external specialists, such as psychologists.
- support staff wellbeing by providing them with tools and resources, such as mindfulness apps.

5.4 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. Support includes:
- Safeguarding Officer
- Support staff to manage mental health needs of pupils
- SENCo who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND).
- Pastoral Leader who helps staff understand their responsibilities to pupils whose mental health problems mean they need special educational provision.
- School nurse
- External services, such as child psychologists and therapists

6. Supporting Pupils' Positive Mental Health

6.1 We believe we have a key role in promoting pupils' positive mental health and wellbeing and we can help to prevent mental health problems. Our school has developed a range of strategies and approaches:

Whole School
- Primary PSHE curriculum is designed to be flexible to suit the current needs of the classes
- Range of resources in the shared drive to support all aspects of social and emotional wellbeing
-Secondary PSHE sessions are designed to be flexible to suit the current needs of the classes.
- Displays and information around the school about positive mental health and where to go for help and support in school
- Events and assemblies to raise awareness of mental health (for example, anti-bullying week)

Class Activities
- Daily circle times/check ins
- Worry boxes
- Calm areas in classrooms
- Kindness boards to recognise acts of kindness
- Mindfulness and meditations in class
- Peer massage
- Regular PSHE lessons
- Daily sensory breaks

Small Group Activities
- Intervention groups: small friendship/social groups, 1-1 talking and listening time, interventions to develop coping strategies
- Sanctuary room for those children who are finding the classroom overwhelming

Transition Support
- Transition meetings with parents/carers, pupils and relevant staff
- Logs of concern are handed over to the new teacher

Teaching about Mental Health and Emotional Wellbeing
- PSHE curriculum
- Themed days/weeks, such as Mental Health Week
- Mindfulness classes

6.2 We aim to:
- provide a safe environment to enable pupils to express themselves and be listened to
- ensure welfare and safety of the pupils
- identify appropriate support for pupils based on their needs
- involve parents and carer when their child needs support
- monitor, review and evaluate the support with pupils and keep parents updated

7. Early Identification

7.1 We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in a number of ways, including:
- Identify individuals that might need support
- Keeping logs of concern for individual children which are reviewed weekly
- Being an 'Attachment Aware' school
- Induction meetings with families when transitioning into a new class
- Analysing behaviour and attendance
- Staff report concerns to designated safeguarding team and pastoral lead
- Worry boxes in classrooms for pupils to raise concerns discreetly
- Weekly staff meeting where staff can raise concerns about individual children
- Parent meetings
- Enabling parents to raise concerns to class teachers

7.2 Staff have received guidance on the risk factors, types of mental health needs and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will talk to the designated safeguarding team or the pastoral lead.

These signs might include:
- non-verbal behaviour
- isolation from friends and family
- change in appearance
- expressing feelings of failure, hopelessness, worry or sadness
- experiencing overwhelming/traumatic event: parent separation or divorce, bereavement or loss
- withdrawal from activities
- drastic changes in mood, behaviour or personality
- changes in eating habits
- frequent headaches or stomach aches
- change in academic performance
- bullying/cyber bullying
- poor attendance

7.3 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 or development.

7.4 Verbal Disclosures
Staff should be calm, supportive and non-judgemental to pupils who verbally disclose a concern about themselves or a friend, following the C.A.R.E Action Plan (Appendix 1). The emotional and physical safety of the pupils is paramount and staff listen rather than advise. Staff are clear to the pupils that the concern will be shared with the relevant adults (safeguarding team and pastoral care) and recorded in order to provide appropriate support to the pupil.

7.5 Non Verbal Disclosures
Staff also recognise persistent and unusual non-verbal disclosures in behaviours that may be representing a message or unmet need.

7.6 Confidentiality
All disclosures are recorded and held in the secure drive, including date, name of pupil and the name of the member of staff to whom they disclosed, summary of disclosure and next steps.

7.7 Interventions and Support
All concerns are reported to the Designated Safeguarding Team and Pastoral Lead. We ensure the pupils receive the support they need, either from within school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

Interventions and support include:
- 1-1 support with our school counsellor
- Small group interventions with pastoral care
- Educational psychologist involvement
- Access to school nurture/sanctuary room
- General support (class teacher/TA, check-in with pastoral lead, Wellbeing Wednesdays)
- Sessions with internal school councillor

8. Working with External Specialists

8.1 In some cases, a pupil's mental health needs require support from a specialist service.

We make links with a range of specialist services and have regular contact with the professionals who are currently working with our pupils, to review support and consider next steps.

8.2 Referrals to external specialists will only go ahead with the consent of the parent/carer.

9. Involving Parents and Carers

9.1 We recognise the important role and responsibilities parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

9.2 To support parents and carers:
- we provide information and signposting of organisations to support mental health conditions

- we have an open door policy
- provide sensitive and supportive regular meetings

9.3 When a concern has been raised, the school will:
- contact the parents and carers and meet with them
- in most cases, parents/carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as Child Protection issues
- be available for follow up calls
- make a record of meetings
- discuss how the parent/carers can support their child
- keep parents/carers up to date and informed of decisions about the support and interventions in place

10. Supporting and Training Staff

10.1 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 the mental health needs early in pupils and know what to do (Appendix 1).

10.2 Those staff with a specific responsibility have more specialised training, for example Mental Health First Aid training.

10.3 Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing with relaxation activities such as mindfulness and meditation.

11. Definitions

11.1 - Mental Health
Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)

11.2 - Well-Being
The state of being comfortable, healthy or happy (Oxford English Dictionary). It also includes how satisfied people are with their life as a whole, their sense of purpose, and how in control they feel (Mental Health Foundation, 2015).

11.3 - Mental Disorders
There are many different mental disorders, with different presentations. They are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others. Mental disorders include: depression, bipolar disorder, schizophrenia and other psychoses, dementia, and developmental disorders including autism.

Examples of Mental Disorders (definitions taken from World Health Organisation, 2019)

- **Depression**: Depression is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, and poor concentration. People with depression may also have multiple physical complaints with no apparent physical cause. Depression can be long-lasting or recurrent, substantially impairing people's ability to function at work or school and to cope with daily life. At its most severe, depression can lead to suicide.
- **Bipolar Disorder**: It typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, rapid speech, inflated self-esteem and a decreased need for sleep.

People who have manic attacks but do not experience depressive episodes are also classified as having bipolar disorder.

- **Developmental Disorders, including Autism:** Developmental disorders usually have a childhood onset but tend to persist into adulthood, causing impairment or delay in functions related to the central nervous system maturation. Symptoms of pervasive developmental disorders, such as autism, include impaired social behaviour, communication and language, and a narrow range of interests and activities that are both unique to the individual and are carried out repetitively.
- **Anxiety disorders:** Can cause both psychological and physical symptoms. These vary from person to person but can include: feeling restless or worried, having trouble concentrating or sleeping, dizziness or heart palpitations. (NHS England, 2018)

12. Review

12.1 Current Version: September 2024

12.2 Date of review: September 2025

Appendix 1 - Care Action Plan for Mental Health

Mental Health Action Plan

C Check for significant risk of suicide or harm

A Apply non-judgemental communication skills

R Reassure and provide informaton

E Encourage professional support and self-help strategies

Mental Health Action Plan

C Check for significant risk of suicide or harm

- Look for signs of significant distress incluidng suicidal thoughts and emotions.
- If there is an immediate threat to life, call the emergency services
- Remove the individual from any potential danger.

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Mental Health Action Plan

A Apply non-judgemental communication skills

- Let the person tell you how they are feeling and listen to what they are saying with your full attention.
- Give them time and have patience. If they pause, wait a few seconds as they may not have finished what they are trying to say.
- Maintain eye contact, keep an open body position and be aware of your tone of voice.
- Use open-ended questions to continue the discussion.
- Repeat back what they have said to you. This demonstrates that you have listened with your undivided attention.

Mental Health Action Plan

R Reassure and provide informaton

- Let them know you care for them and remind them that they are not alone.
- Let the person know it is ok to talk about their feelings and reassure them that you are there to listen to whatever they want to discuss.
- Show gratitude to the person for sharing their feelings and acknowledge the courage it has taken to talk.
- Do not try to diagnose or make assumptions about their condition - provide reassurance and signpost.

Mental Health Action Plan

E Encourage professional support and self-help strategies

- Individuals can help themselves personally through self-help techniques and making simple changes to their lifestyle.
- Some people may find that self-help techniques are really helping them feel better without professional involvement. However, it is important to note that recovering from a mental health illness can take time and dedication. Very often, self-help techniques are used in conjunction with professional therapies.
- Signpost to useful resources, websites and services.