



Mental Health and Wellbeing Policy

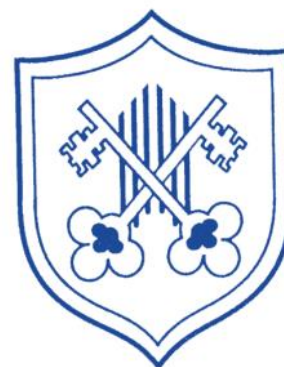
September 2025



St Andrew's CE Primary
School



Colwich CE Primary School



St Peter's CE Primary School

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Version	Date	Detail	Author	Key Changes
1.0	28.03.2019	Initial	L.Evans	New Policy
1.1	15.03.2021	Review	C. Pilkington	No changes
1.2	27.02.2023	Review	C. Pilkington	Added Counsellor Support
1.3	01.09.2025	Review	C. Pilkington	Personnel changes, drawing and talking added, updated guidance documents.

Approval History			
Version	Approver	Date	Included in the minutes of
1.1	MAT Board	16.03.2021	MAT Trust Board Meeting of 16.3.2021
1.2	CEO	27.02.2023	Leadership Forum Minutes 27.02.2023
1.3	CEO	03.07.2025	Leadership Forum Meeting Minutes 03.07.2025.

Policy Statement

‘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 Organisation

In our school our Christian vision shapes all we do:

‘Following God’s Path to Flourish In Life’

Our vision is to promote an ethos where the development of the whole child is realised through a strong commitment to Christian values. Our diverse and engaging curriculum inspires a life-long love for learning and supports the achievement of each child’s potential. A secure and caring church school community nurtures and celebrates every child’s uniqueness and talents. By following God’s path, our school is dedicated to opening up the world of possibilities for children to experience “life in all its fullness.”

John 10:10

Through this vision, we understand that we have an essential role in promoting and ensuring the positive mental health of all within our organisation. Through opening doors to positive mental health for all our learners, we are able to support them in learning to appreciate life in all its fullness’ (John 10:10) and fulfil our mission to encourage all to stretch themselves spiritually, morally, intellectually, emotionally, socially and physically as well as supporting them to overcome the challenges we all face on a daily basis.

At Mid-Trent MAT (hereafter called *the Trust*) we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health, we recognise and respond to mental ill health. In an average classroom, three children may be suffering from a diagnosable mental health issue at any time. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly, by mental ill health.

This document describes the Trust schools’ approach to promoting positive mental health and wellbeing and is intended as guidance for all staff, including non-teaching staff and governors.

Policy Aims

This policy aims to:

- Promote positive mental health in all staff and pupils;
- Increase understanding and awareness of common mental health issues;
- Alert staff to early warning signs of mental ill health;
- Provide support to staff working with young people with mental health issues;
- Provide support to pupils suffering mental ill health and their peers and parents/carers.

Lead Members of Staff

All staff have a responsibility to promote the positive mental health of pupils. In addition, the following staff members within the school have a specific responsibility for ensuring this:

Mr Paul Hayward	Designated Safeguarding Lead LAC Designated Teacher
Miss Hollie Barnacle	Deputy Designated Safeguarding Lead
Mrs Kirsty Beardmore	Deputy Designated Safeguarding Lead Pupil and Staff Mental Health Champion HOPE Project Coach PSHE Lead Teacher
Mrs Samantha Langston	MAT SENCo
Vacancy	Mental-Health First Aider

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Pupil Mental Health Champion (Mrs Kirsty Beardmore) in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated/deputy safeguarding lead. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to outside agencies such as StayWell or CAMHS is appropriate, this will be led and managed by the MAT SENCo (Miss Samantha Langston) with support from the school's Mental Health Champion.

Support for Pupils

All schools within the Mid-Trent MAT pride themselves on providing support for all pupils who are suffering from mental health issues. Some of the current strategies and interventions include:

- 'Time to Talk' support
- Buddies
- Nurture Group
- In-school Counsellor
- Referrals to external agencies (StayWell, Early Help, CAMHs)

Please contact your school's Mental Health Champion if you require any further information on the support that we offer.

Within school, we openly talk about mental health, emotions and the importance of talking. As such, through our curriculum (formal and hidden) all pupils are encouraged to discuss any worries they may have, mental-health based or otherwise, with any member of staff whom they feel comfortable.

Individual Care Plans

In some instances, it is helpful to draw up an individual care plan, this is particularly the case for pupils causing concern or who receive a diagnosis pertaining to their mental health. The process of creating a care plan, involves the pupil, the parents/carers and relevant health professionals. A care plan can include:

- Details of a pupil's condition;
- Special requirements and precautions;
- Medication and any side effects;
- What to do, and who to contact in an emergency;
- The role the school can play.

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum and are referred to within HOPE support and 'Time to Talk' sessions. We follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

In addition, external speakers/ organisations may be invited into school to speak to pupils during assemblies and to run group workshops (eg. NSPCC, Fireworks, Relax Kids).

The specific content of lessons will be determined by the specific needs of the cohort but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

Signposting

We ensure that staff, pupils and parents/carers are aware of sources of support within our schools and in the local communities. Support available within our schools and local communities, to whom it is aimed and how to access it is outlined in **Appendix C**.

Whenever we highlight sources of support, we will increase the chance of pupils seeking help by ensuring they, and their parents, understand:

- What help is available;
- Who it is aimed at;
- How to access it;
- Why to access it;
- What is likely to happen next.

We display relevant sources of support in communal areas and toilets and regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the school's mental health champion.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental;
- Changes in eating / sleeping habits;
- Increased isolation from friends or family, becoming socially withdrawn;
- Changes in activity and mood;
- Lowering of academic achievement;
- Talking or joking about self-harm or suicide;
- Expressing feelings of failure, uselessness or loss of hope;
- Changes in clothing – e.g. long sleeves in warm weather;
- Secretive behaviour;
- Lateness to or absence from school;
- Repeated physical pain or nausea with no evident cause;
- An increase in lateness or absenteeism.

Managing Disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be *calm, supportive* and *non-judgemental*.

Staff should listen, rather than advise and first thoughts should be of the pupil's emotional and physical safety rather than exploring 'Why?'.

All disclosures should be recorded in writing and shared with the DSL and/or the deputy DSL and the school mental health champion. This written record should include:

- Date;
- The name of the member of staff to whom the disclosure was made;
- Main points from the conversation;
- Agreed next steps.

This information should be shared with the school's mental health champion, who will store the record appropriately and offer support and advice about next steps.

Confidentiality

When managing disclosures and working with children, we should be honest with regards to the issue of confidentiality. If it is necessary to share concerns about a pupil then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. Particularly if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually the school's Mental Health Champion, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should be informed if there are concerns about their child's mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that concerns raised are part of a larger picture which involves child protection issues, the school may choose not to inform parents immediately in order to ensure that the child is protected from harm, this decision will be made by the DSL/ DDSL in conjunction with safeguarding professionals (eg. First Response team, Education Safeguarding team). Once a safeguarding concern is raised, the process outlined within the school's Child Protection policy is followed.

Working with Parents/Carers

Where it is deemed appropriate to inform parents/carers, staff should be sensitive in their approach. Before disclosing to parents/carers we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen?
- Who should be present? Consider parents/carers, the pupil, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents/carers to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent/carer time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're

sharing. Sharing sources of further support aimed specifically at parents/carers can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents/carers often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

On many occasions the most effective support can be 'in-house', e.g. 'Time to Talk' sessions or the HOPE project.

Opening a Dialogue with All Parents/Carers

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents/ carers we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the pupil who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling.

Training

As a minimum, all staff will receive training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep pupils safe.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more pupils.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with the DSL and mental health champion who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy was written by Mrs Laura Evans (Mental Health Champion) on behalf of the Mid-Trent MAT and is based on guidance policies from both The Church of England Education Office and the HOPE project.

This policy will be reviewed every 2 years. See document control information for date of last review and date of next planned review date.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis, as guidance/support changes, as a result of learning from our experiences, personnel changes and to reflect pertinent feedback from pupils, parents/carers and wider stakeholders which can improve policies and procedures in place.

Appendix A: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 – 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems; these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will indicate the most relevant page of the listed website. Some pages are aimed primarily at parents/carers but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via **Young Minds** (www.youngminds.org.uk), **Mind** (www.mind.org.uk) and (for e-learning opportunities) **Minded** (www.minded.org.uk).

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. Most frequently it takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online Support

Self-harm: www.selfharm.co.uk

National Self-harm Network: www.nshn.co.uk

Books

- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online Support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

- Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Anxiety, Panic Attacks and Phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online Support

Anxiety UK: www.anxietyuk.org.uk

Books

- Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and Compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

- Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal Feelings

Children and young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings although they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some children and young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other children and young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Appendix B: Guidance and Advice Documents

- **Keeping Children Safe in Education (Department for Education)** – Statutory guidance for schools.
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- **Working Together to Safeguard Children (Department for Education)** – Statutory guidance for schools.
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- **Mental Health and Behaviours in Schools (Department for Education)** – Guidance for schools.
<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>
- **Working Together to Improve School Attendance** – Guidance for schools.
<https://www.gov.uk/government/publications/working-together-to-improve-school-attendance>

Appendix C: Local Community Support

Children

- **Child & Adolescent Mental Health Service (CAMHS) – Stafford**
Tel: (01785) 221665
www.youngminds.org.uk
- **Young Minds – Stafford and District**
Tel: (01785) 283440
www.nsmind.org.uk
- **The Dove Service – Bereavement & Loss Counselling – Staffordshire**
Tel: (01782) 683155
www.thedoveservice.org.uk
- **Utopia – Psychotherapy and Counselling Service – Newcastle & Stafford**
Tel: (01782) 692807
www.utopiapsychology.co.uk
- **Families' Health & Wellbeing Service (0-19) – Stoke & Staffordshire NHS Trust**
Tel: 0300 3033923
www.staffordshireandstokeontrent.nhs.uk/services/0-19

Parents/ Carers

- **Starfish Health & Wellbeing Service – Staffordshire**
Tel: (01543) 572161
www.starfishhealthandwellbeing.co.uk
- **Young Minds – Stafford and District**
Tel: (01785) 283440
www.nsmind.org.uk
- **CTC Healthcare – Physiotherapy and Wellbeing Service – Stafford**
Tel: (01270) 361363

www.ctchealthcare.co.uk

- **Changes – Health & Wellbeing – Staffordshire**

Tel: (01782) 411433

www.changes.org.uk

- **Staffordshire Council of Voluntary Youth Services (SCVYS)**

Tel: (01785) 240378

www.staffscvys.org.uk