

Stottesdon C. of E. Primary School

Pupil Well-Being Policy

Policy written by:	Mrs. Caroline McKay
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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 their community (World Health Organization).

At our school, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. This policy should be read alongside the Staff Wellbeing policy.

At Stottesdon, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

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

This policy describes the school's approach to promoting positive mental health and well-being. This policy is intended as guidance for all staff including non-teaching staff and Governors.

This Policy should be read in conjunction with our Supporting Pupils with Medical Conditions Policy, in cases where a student's mental health overlaps with or is linked to a medical issue, and the SEND Policy, where a student has an identified special educational need.

The 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, their peers and parents/carers

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

Mrs Caroline McKay - Mental Health Lead

Mrs Katie Jones - Designated Safeguarding Lead

Mrs Jane Jones - Deputy Safeguarding Lead

Rebecca Home - Deputy Safeguarding Lead Mrs Natalie Rainbird - Hitchens - Early Years Lead

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a member of the lead team in the first instance. If there is a concern 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 child protection officers. 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 the [BeeU](#) (previously CAMHS) is appropriate, this will be led and managed by the Headteacher and SENCO.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Advice for staff on managing any associated behaviours
- 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.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching, 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.

We will use guidance and resources from Heads Together; [Mentally Healthy Schools website](#) and [LEANS](#) (Learning About Neurodiversity in Schools) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Resources such as Anna Freud Centre's campaign 'You're Never Too Young to Talk Mental Health' are useful for assemblies, Y5/6 debate and PSHE lessons. <https://www.annafreud.org/what-we-do/schools-in-mind/youre-never-too-young-to-talk-mental-health/>

School will follow the Jigsaw programme and PSHE Association Guidance to ensure mental health and emotional well-being issues are taught in a safe and sensitive manner.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community; what support is available within our school and local community, who it is aimed at and how to access it (see appendix A and regular signposts in our school news).

We will display relevant sources of support and will regularly highlight these to pupils within relevant parts of the curriculum and assemblies.

Warning Signs

School staff may become aware of warning signs which indicate a pupil, or a parent/carer 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 lead team members above.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Repeated physical pain or nausea with no evident cause
- 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
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing - e.g. long sleeves in warm weather
- Secretive behaviour
- Avoiding PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause

Managing disclosures

A pupil or parent 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 or parent 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 our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle disclosures see the school's safe-guarding policy (page 20 and 'The children reporting concerns guidance').

All disclosures should be recorded on 'My Concern'.

All staff are made aware that mental health problems can, in some cases, be an indicator of abuse. The DSL will liaise with the school mental health lead (Caroline McKay) re information being shared. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following the child protection policy, and speaking to the designated safeguarding lead or a deputy.

The Mental Health and Behaviour in Schools guidance sets out how schools and colleges can help prevent mental health problems by promoting resilience as part of an integrated, whole school/college approach to social and emotional wellbeing, which is tailored to the needs of their pupils.

Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on, 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

Staff will not usually share information about a student without first telling them. Ideally, staff should receive the student's consent before sharing information about them, though there are certain situations when information must always be shared e.g. danger of immediate harm. For further information see safe-guarding policy.

Staff should always share disclosures with the Mental Health Lead. This helps to safeguard their own emotional well-being, as they are no longer solely responsible for the student, it ensures continuity of care in their absence and it provides an extra source of ideas and support. Staff should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, 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, the pupil, other members of staff.
- What are the aims of the meeting?

We should highlight further sources of information and provide leaflets to take away where possible. Parents will often find it hard to take much in, whilst coming to terms with the news that you are sharing. Sharing sources of further support (aimed specifically at parents) can also be helpful.

We should provide clear means of contact to address further questions and consider booking in a follow up meeting or phone call. Each meeting should be finished with agreed next steps and a brief record of the meeting should be kept on 'My Concern'.

In addition, we will signpost (through our website/school news) our whole school community to:

- Sources of information and support about common mental health issues
- People who they can talk to if they have concerns about their own child or another pupil
- Ideas about how parents can support positive mental health in their children
- Information about mental health topics their children are learning about in PSHE

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 with 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 needs help (e.g. signs of relapse)

Additionally, we will 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 in Peer Support (e.g. Anna Freud Centre resources and training)

Training

As a minimum, all staff will receive training about recognising and responding to mental health issues as part of their child protection training to enable them to keep students safe. In addition all staff have been given access to Blue Mental Health Training which gives excellent advice for how to support students who show signs of need: [Home - Blue Mental Health Support](#). **Other useful websites** for staff who wish to learn more about mental health are available (see appendix A).

Training opportunities for staff who require more in-depth knowledge will be considered as part of the performance appraisal process. Additional CPD will also be supported throughout the year, where it becomes appropriate due to developing situations with one or more students.

Links with Other Schools and External Agencies

Stottesdon C. of E. Primary School is proactive in developing links and sharing good practice with other schools in the area of mental health. Caroline McKay will attend the South Shropshire Mental Health Networking Meetings, which are attended by school Mental Health Leads and representatives from other agencies, such as Early Help, Bee U (previously CAMHS) and the Educational Psychology Service. At the meetings, a Shropshire wide approach to supporting children's mental health and opportunities for joint working are discussed.

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 significant 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.

The information below provides guidance about the issues most commonly seen in school-aged children.

Support on all 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).
<https://www.mentallyhealthyschools.org.uk/>

<https://www.annafreud.org/training/>

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/emotional-wellbeing-of-children-in-care/>

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. It most frequently 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 bruise themselves.

Online Support

SelfHarm.co.uk: 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, 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. It is something that everyone 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 which are disturbing or upsetting; compulsions are the behaviours carried 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

Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal Feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings, though they may openly discuss and explore them, while other young people die suddenly from suicide without warning.

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 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 young people, particularly those of primary or pre-school 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

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooksappendix

Local Support

In Shropshire, children's mental health is supported through:

- Bee U - <https://beeu.org.uk/>
- Young People and Families Mental Health Service (previously CAMHS) <https://camhs.mpft.nhs.uk/>
- Beam <https://www.childrenssociety.org.uk/beam/shropshire>
- Kooth <https://www.kooth.com/>
- Healios <https://www.healios.org.uk/>
- Compass <https://shropshire.gov.uk/early-help/practitioners/compass-childrens-social-care/>