Theydon Bois Primary School

Mental Health and Wellbeing Policy

September 2025

For use by	Governors, SLT, Staff
Policy review date	September 2027

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 Organization)

The mental health of children, adults working in schools, parents, carers and the wider whole school community will impact on all areas of development, learning, achievement and experiences. Theydon Bois Primary School recognises all children and young people need the foundation of positive mental health to benefit fully from all the opportunities available to them. At our school, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both whole school approaches and specialised, targeted approaches aimed at vulnerable students. We promote a caring, supportive environment where each individual is valued and respected and an environment which enhances positive mental health. A consistent approach means that the school environment and school ethos all promote the positive mental health of the whole school community. We have high expectations for all and aspire to achieve excellence and we know that healthy relationships underpin positive mental health and have a significant impact on academic achievement.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. The life experiences of anyone may make them vulnerable to mental ill-health and at these times they may need additional support to regain good mental health. At any one time one in ten children are suffering from a mental illness – that is three in any average sized class.
(www.gov.uk/government/speeches/children-and-youbg-peoples-mental-health-in-schools)
One in four people in the world will be affected by mental or neurological disorders at some point in their lives (World Health Organisation www.who.int/whr/2001/media_centre/press_release/en/). Indeed it is documented that good mental health starts in childhood with 75% of adult mental health problems starting before someone is 18 (www.actionforchildren.org.uk/what-we-do/our-impact/mental-health-overview/)
By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for children and adults affected both directly and indirectly by mental ill health.

In conclusion at Theydon Bois Primary School we recognise that all children have the right to be educated in an environment that supports and promotes positive mental health. We are committed to raising awareness, increasing understanding and ensuring that we can make a difference by providing a place where all children feel safe, secure and able to achieve and experience success and wellbeing.

Scope

This document describes our school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors. It should be read in conjunction with Essex County Council's medical policy in cases where a child'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.

This Policy Aims to:

- Promote positive mental health in all staff and students
- 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 students suffering with mental ill health problems and support to their peers and parents/carers
- Provide support to staff suffering with mental health problems.

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of our children and each other. Staff with a specific, relevant remit include:

- ♣ Mr A Rall - designated child protection / safeguarding officer
- ♣ Miss K Williams - designated child protection / safeguarding officer
- ♣ Miss L Maclaran - mental health lead
- ♣ Mrs D Winch and Mrs S Peddle – welfare officers
- ♣ Miss D Capocci - Head of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the mental health lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection officer/ the head teacher. If the child 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 CAMHS is appropriate, this will be led and managed by the SENCO.

Individual Care Plans

It is helpful to draw up an individual care plan for children 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
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

SEE APPENDIX 3

Teaching about Mental Health

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum e.g. Childline posters/ Samaritan contact details.

Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students 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 will ensure that staff, children 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 is outlined in Appendix 2.

Warning Signs

School staff may become aware of warning signs which indicate a child 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 our mental health and emotional wellbeing lead. Possible warning signs include (these are not exhaustive):

- 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
- 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
- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

See Appendix 1 for a more detailed description of possible symptoms (these are not exhaustive).

Managing Disclosures

A student 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 student 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 student's emotional and physical safety rather than of exploring 'Why?' Staff should not ask leading questions either.

All disclosures should be recorded in writing and held in the Record of Concern file.

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 mental health lead who will store the record appropriately and offer support and advice about next steps.

Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on then we should discuss with the student:

- 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 child without first telling him or her. Ideally we would receive his or her consent, though there are certain situations when information must always be shared with another member of staff and/or a parent. It is always advisable to share disclosures with a colleague, usually the mental health lead, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed and children may choose to tell their parents themselves. If this is the case, the child should be given 24 hours to share this information before our school contacts the parents. We should always give children the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the child protection officer must be informed immediately.

Working with Parents

We need to be sensitive in our approach when informing parents of any concern. 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? At school, at their home or somewhere else?
- Who should be present? Consider parents, the child, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents 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 time to reflect. We should always highlight further sources of information and give them information 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 can also be helpful too e.g. parent helplines. 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 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.

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 we will:

- Ensure that all parents are aware of who to talk to, and how to go 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 parents' 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 through newsletters.

Supporting Peers

When a child 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 child 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 their friend who is experiencing mental health difficulties.
- ♣ 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 want to highlight with peers:
    1. Where and how to access support for themselves.
    2. Safe sources of further information about their friend's condition.
    3. Healthy ways of coping with the difficult emotions they may be feeling.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe. The MindEd learning portal2 provides free online training suitable for staff wishing to know more about a specific issue. 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 to developing situations with one or more children.

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 Miss L Maclaran our Mental Health Lead who can also highlight sources of relevant training and support for individuals as needed.

Staff support and well-being :

At Theydon Bois Primary School we understand that good staff wellbeing is essential for cultivating a mentally healthy school, for retaining and motivating staff and for promoting pupil wellbeing and attainment. It is important that adults are given the right emotional and practical support so that they, in turn, support their pupils. In addition to having a positive impact on colleagues and children, staff wellbeing can improve performance and job satisfaction, which can lead to reduced staff turnover. It can also help to reduce absence (both short and long term), increase productivity and promote staff engagement.

At Theydon Bois Primary we aim to build a culture of trust where staff feel valued, can be open about their health and wellbeing and know how to access support if they need it.

To promote good staff wellbeing we will:

- ♣ Have teacher appraisal that is encouraging, that concentrates on the 'praise' aspect with realistic targets.
- ♣ Encourage staff to buddy up with colleagues to support each other in providing opportunities for reflective practice and problem solving school-based challenges.
- ♣ Create a sense of belonging to the school (e.g. through team development opportunities).
- ♣ Make staff recognition and praise a part of our school's culture – setting aside regular time slots in meetings to do this.

Implementation of this Policy:

The implementation of this policy for promoting positive mental health in our school:

- Will give our school a cohesive and co-ordinated approach to mental health.
- Should underpin all policies and practices currently used in our school.
- Will raise awareness as to how the whole school community can look after their own mental health and that of others.
- Will help to de-stigmatise mental health.
- Will support everyone in our school and provide opportunities that enable everyone to reach their potential.
- Will strengthen relationships and provide opportunities for different ways of working.
- Will provide foundations for life-long learning.
- Will promote and strengthen resilience throughout our whole school community and empower everyone to face life's challenges.

Measuring Impact

This policy offers opportunities to measure the impact in a variety of ways:

- School policies.
- Our school's ethos.
- Child/ staff/ volunteer wellbeing.
- Staff/ governor/ class and school council meetings.
- Feedback from the whole school community via questionnaires and verbally, formally and informally.
- The number of external referrals, Health Service, Social Care.
- Training and development internally, for example Safeguarding inset, Mental Health and Wellbeing inset.
- Induction and professional development of staff.

This policy promotes positive mental health and it is a working document. The promotion of positive mental health for our children and our staff is everyone's business.

This policy will be reviewed every 2 years as a minimum. It is next due for review in September 2027.

Appendix 1
Signs and symptoms of common mental ill-health conditions

Depression

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite — weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
- Feeling worthless or guilty
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide

Anxiety

- Palpitations, pounding heart or rapid heart rate
- Sweating
- Trembling or shaking
- Feeling of shortness of breath or smothering sensations
- Chest pain
- Feeling dizzy, light-headed or faint
- Feeling of choking
- Numbness or tingling
- Chills or hot flashes
- Nausea or abdominal pains

Obsessive-compulsive disorders

Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions:

- Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them. Some people spend many hours washing themselves or cleaning their surroundings.
- Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done.
- Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people develop checking rituals. Some people repeatedly retrace driving routes to be sure they haven't hit anyone.
- Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion.
- Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.

Eating Disorders

Anorexia Nervosa:

People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation:

- Menstrual periods cease
- Hair/nails become brittle
- Skin dries and can take on a yellowish cast
- Internal body temperature falls, causing person to feel cold all the time
- Depression and lethargy
- Issues with self-image /body dysmorphia

Bulimia Nervosa:

Patients binge eat frequently, and then purge by throwing up or using a laxative.

- Chronically inflamed and sore throat
- Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy, • Tooth enamel wears off; teeth begin to decay from exposure to stomach acids
- Constant vomiting causes gastroesophageal reflux disorder
- Severe dehydration from purging of fluids

APPENDIX 1 Continued

Self Harm

- Scars
- Fresh cuts, scratches, bruises or other wounds
- Excessive rubbing of an area to create a burn
- Keeping sharp objects on hand
- Wearing long sleeves or long trousers, even in hot weather
- Difficulties in interpersonal relationships
- Persistent questions about personal identity, such as "Who am I?" "What am I doing here?"
- Behavioural and emotional instability, impulsivity and unpredictability
- Statements of helplessness, hopelessness or worthlessness
- Head banging
- Ingesting toxic substances.

Key Points to Remember:

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals.
- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people.

APPENDIX 2

What support is available within our school and local community, who it is aimed at and how to access it

PSHE curriculum

Circle time

Assemblies and teaching values

Access to counselling

Access to therapies e.g. music therapy, compass

External support agencies CAMHS

Anti-bullying lessons

APPENDIX 3: INDIVIDUAL CARE PLAN RELATING TO MENTAL ILL- HEALTH

Individual care plan for children 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.

Details of 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	