LONGWOOD PRIMARY ACADEMY

MENTAL HEALTH AND WELLBEING POLICY
SEPTEMBER 2026

Good mental health and wellbeing improves standards in schools and helps pupils achieve and thrive in education, setting them up well for life and work.
Good mental health and wellbeing helps pupils:

- **attend school**
- **develop key life skills, particularly social and emotional skills**
- **engage in learning**
- **achieve academically**
- **have better longer-term outcomes, such as future employment**

Promoting and supporting mental health and wellbeing in schools and colleges (DFE, June 2021)

Policy statement
At NET Academies Trust, we are committed to promoting positive mental health and wellbeing for our whole school community (children, staff, parents and carers). In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In July 2021, one in six children/young people aged 6 – 16 were identified as having a probable mental health problem and by the age of eight, 7 in 10 children have experienced at least one adverse childhood experience (Commission on Young Lives, July 2022). 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. We also recognise our role in ensuring that children 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.

Scope
This document describes Longwood Primary Academy's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors. The policy should be read in conjunction with our Medical policy in cases where a student's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational need, NET Academies Trust Safeguarding policy, Behaviour and Relationships policy, Equity, Diversity and Inclusion policy and the RSHE curriculum document. It also draws upon our whole school use of Trauma Perceptive Practice strategies, Zones of Regulation and the myHappymind programme. The Trust is also committed to promoting the positive mental health and wellbeing of staff as outlined in the Managing Stress and Promoting Mental Health and Wellbeing Policy.

Policy aims
Through this policy, we aim to promote a strong sense of commitment to mental health and wellbeing. To do this we:

- promote life skills across the curriculum so that pupils will learn about mental, emotional, social and physical wellbeing.
- ensure that the good health, wellbeing and mental health of all who attend this school is promoted effectively
- ensure that the school has a wide range of appropriate policies and strategies in place to ensure the good health, well-being and mental health of all and that they underpin everything that we do.
- alert staff to early warning signs of poor mental health and wellbeing
- provide support to staff working with young people with mental health and wellbeing issues

- provide support to pupils suffering mental ill health and their peers and parents/carers

Key Members of Staff for Mental Health and Inclusion

Monica Holland – DSL
Laura Rose-Whybrow – DSL
Alison Farrar - DSL
Rebecca Colkett - Mental Health First Aider
Leon Carrington - TPP Lead
Georgina Watkins - SENCo
Larisa Albu - Governor

"Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community." (World Health Organisation 2022)

Promoting a whole school approach
Through our whole school commitment to recognizing and supporting mental health, we ensure that the teaching of the curriculum develops pupils' knowledge about health and wellbeing. We do this through our curriculum, policies, values and attitudes, together with the social and physical environment. In addition to this, children's mental health and wellbeing is further promoted through partnership with family, community and outside agencies At Longwood Primary Academy, children have access to external services such as EWMHS, Evolve and Adapt, Kids Inspire and the Essex Inclusion team, where mental health may be affecting attendance, are used. We recognize that, whilst working within the expectations of the Behaviour and Relationships policy, reasonable adjustments may need to be made, where relevant, for identified children. Children with identified Social, Emotional and Mental Health needs take part in planned interventions such as Lego therapy and social stories, and have access to appropriate support in class that meets their needs. Parents are welcomed, included and work in partnership with the school and agencies. Parents are provided with opportunities to ask for help when needed and signposted to appropriate agencies for support such as EWMHS, MIND, school nursing service and the trust Family Liaison Officer.

Early intervention
Non-statutory, departmental advice from the Department for Education (DfE, 2018) states that early intervention to identify issues and provide effective support is crucial. The school role in supporting and promoting mental health and wellbeing can be summarised as:
• Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;
• Identification: recognising emerging issues as early and accurately as possible;
• Early support: helping pupils to access evidence based early support and interventions; and
• Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.
All staff receive training on risk and protective factors (see Appendix 1) through the trust-wide Trauma Perceptive Practice training. Staff may become aware of warning signs which may indicate that a pupil, or parent/carer is experiencing mental health or emotional wellbeing issue. These warning signs should always be taken seriously and staff observing any of these should share their concerns with a member of the SEND team, the school mental health first aider or Senior Mental Health Lead or the DSL.

Warning signs
Staff may become aware of warning signs that 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 alert Rebecca Colkett.

Possible warning signs, which all staff should be aware of 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
- 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

Individual care plans
If a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support through EWMHS or another external organisation, it is recommended that an Individual Care Plan should be drawn up, with the input of the pupil, parent/carer and relevant professionals. This would be reviewed with parent/carer termly, as part of the One Planning cycle, facilitated by the class teacher and Senior Mental Health Lead.

Managing disclosures
If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental. Therefore, all staff need to know how to respond appropriately to a disclosure. Staff should listen, rather than advise and first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures must be recorded using My Concern and this information should be shared with the Senior Mental Health Lead, who will offer support and advice about next steps.

Confidentiality & safeguarding
If a member of staff feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the student. We will tell them:

- Who we are going to tell
- What we are going to tell them
- Why we need to tell them
- When we're going to tell them

It is important to safeguard staff emotional wellbeing. By sharing disclosures with an appropriate colleague, this ensures one single member of staff is not solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents will always be informed following a disclosure or if a concern is raised. If a pupil gives reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but safeguarding procedures should be followed.

Sources of support at school and working with specialist services
In some cases, a pupil's mental health needs require more support from a specialist service. These might include anxiety, depression, school refusal and other complex needs.
Referrals to a specialist service would be made by the Senior Mental Health Lead or SENCo, in consultation with the pupil and their parents/carers. Consent from the parent/carers is required for a referral.

Further sources of support can be found on the school's Intervention Map (Appendix 2)

The following websites provide further information for staff who wish to learn more about mental health:

https://www.mentallyhealthyschools.org.uk/
https://www.annafreud.org/
https://youngminds.org.uk/
https://www.mind.org.uk/
https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/

This policy was approved by CEO.

This policy shall be reviewed on a regular basis to ensure its continued effectiveness and compliance with the law and regulations.

Next review date: September 2027

APPENDIX 1

Taken from Trauma Perceptive Practice: The Essex approach to understanding behaviour and supporting emotional wellbeing

Risk and Protective Factors that are believed to be associated with mental health outcomes

	Risk Factors	Protective Factors
In the child	• Genetic influences • Genetic disposition • Prenatal alcohol exposure • Low IQ • Learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic 'failure/disappointment' • Low self-esteem • Feelings of isolation • Difficulties with impulse control • Underdeveloped executive functioning skills • Low harm avoidance • Sensation seeking • Difficulties with self-control/regulation • Aggressiveness • Anxiety • Depression • Hyperactivity/ADHD • Early persistent social, emotional and mental health needs • Early substance use • Social disengagement/retreating coping strategy • Conduct disorder • Favourable attitudes toward drugs • Rebelliousness • Early substance abuse • Antisocial behaviour • Self-injury • Risk-taking behaviours	• Secure attachment(s) experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Confident • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect • Ability to self-regulate/self-sooth • Ability to make friends and get along with others • Positive physical development • High self-esteem • Good coping skills and problem-solving skills • Engagement and connections in two or more of the following contexts: at school, with peers, in athletics, employment, religion, culture • Identity exploration in love, work and world view • Subjective sense of adult status • Subjective sense of self-sufficiency, making decisions, becoming financially independent • Future orientation • Achievement motivation • Feeling valued

In the family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear boundaries and limitations • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect, maltreatment • Parental or sibling psychiatric illness • Parental or sibling criminality, substance abuse e.g., drugs and alcoholism or personality disorder • Death and loss – including loss of friendship and pets • Permissive parenting • Parent-child conflict • Inadequate supervision and monitoring • Low parental warmth • Parental hostility • Harsh discipline • Low parental aspirations for child • Fragile attachments with parents • Leaving home • Homelessness • Family distress • Leaving institutional /government care (hospital, foster care, correctional facility, etc.)	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationship or the absence of severe discord • Responsiveness • Protection from harm and fear • Opportunities to resolve conflict • Adequate socioeconomic resources for the family • Consistent and clear boundaries and limitations implemented and maintained including family that provides structure, limits, rules, monitoring, and predictability • Language-based, rather than physical, discipline • Extended family support • Supportive relationships with family members • Clear expectations for behaviour and values • Balance of autonomy and relatedness to family • Behavioural and emotional autonomy • Healthy prenatal and early childhood development • Connectedness to adults in the extended family/family support network
In the school	• Bullying/abuse including online (cyber) • Discrimination e.g., Racism • Breakdown in or lack of positive friendships	• Inclusive practice • Personalised/tailored curriculum if required • Clear policies on behaviour and bullying

	• Peer influences towards risk taking e.g., associating/partaking with drug-using peers • Peer pressure • Fragile pupil to teacher/school staff relationships • Experience of school 'failures' • Low motivation around school • Accessibility/availability • Peer rejection/lack of sense of belonging/interpersonal alienation • Exclusion/non-attendance • Aggression toward peers • Lack of positive role models	• Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences/friendships • Effective safeguarding and Child Protection policies • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to and can raise concerns about policies and processes, and know they will be dealt with fairly and effectively including risk assessments • Support for early learning • Access to supplementary services to support the child's needs • Stable, secure attachment to childcare provider • Low ratio of caregivers to children • Regulatory systems that support high quality of care • Healthy peer groups

		• Pupil school engagement/motivation • Positive teacher expectations • Effective classroom management • Positive partnering between school and family • High academic standards • Presence of mentors and support for development of skills and interests • Opportunities for engagement within school and community • Positive norms • Physical and psychological safety • Opportunities for exploration in work and school • Positive adult role models, coaches and mentors
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events • Presence of neighbourhood crime • Social media	• Wider support network • Good/stable housing • High standard of living • Opportunities for valued social roles • Range of sport/leisure activities available • Steady employment • Availability of services (social, recreational, cultural, etc.) • Technology

Adapted from:
Mental Health and behaviour in schools (2018) p. 14-15
Youth.gov
Heads Together Mentally Healthy Schools

Appendix 2 – Intervention Map

CLASS & SCHOOL ADULTS	PHASE LEADER	SLT/BEHAVIOUR LEAD	AGENCY REFERRAL
INTERNAL STUDENT SUPPORT		**EXTERNAL STUDENT SUPPORT**	
Building positive relationships Trauma Perceptive Practice TPP sentence stems Behaviour ladder/House points Zones of Regulation myHappymind School values 30 second intervention (Paul Dix) Catch them being good Tactical ignoring Positive reframing of behaviour Conversation with parents 1:1 conversations with pupil Clear expectations set Peer mentor/role model in class Curriculum Emotional Literacy Place2Talk My Concern log Celebrate success Attendance Phone Calls/Letters Attendance monitoring Class worry monsters/box Class/whole school assemblies – on going and specific events/days P2B & MIND class workshops Curriculum links Achievement Plans – wellbeing target One Plans – SEMH Metacognition & self-regulated learners	Time out Conversation with parents Check-ins Sharing good work/achievements Building positive relationships	Blue behaviour form referral Red card letter sent to parents Check-ins 1:1 conversations with pupil Regular meetings with pupil Coordinate external agency involvement Parental meetings Behaviour Contract Refer to external agencies Family Liaison Officer support Deploy 1:1 LSA support Deployment of Play Leaders Team Around the Family meeting Referral for SEN assessment Consistent Management Plan Reintegration meetings Attendance/behaviour/pastoral care discussions as appropriate Call/write/meet parents SLT on call Attendance/behaviour/pastoral care/first aid discussions and monitoring of records Liaise with class teachers Social Communication and Interaction interventions	MIND (Parents) EWMHS Educational Psychologist Statutory Education, Health and Care Needs Assessment Social Care referral Young Carers School nurse Essex Child and Family Wellbeing Service Youth Offending Team Family Solutions EWO Inclusion Partner External organisations support such as: **Chatline: essexfamilywellbeing.co.uk/chat-health** **Childline: 0800 1111** **Every Family Matters: essex.gov.uk/staying-well** **Kooth: kooth.com** **Papyrus – text: 07860 039967** **Samaritans – text: 116 123** **AFC – text: 85258**

