SS John & Monica Catholic Primary School

MENTAL HEALTH AND WELLBEING POLICY

Our Mission

"At SS John and Monica's, we learn through the example of Jesus to love, respect, understand and value each other."

Policy status	School policy
Academic year	2026–27
Approved by	Governing Body
Review	September 2027, or sooner if statutory guidance changes

1. Policy Statement and Catholic Ethos

At SS John & Monica Catholic Primary School, mental health and wellbeing are central to enabling every child to flourish. Rooted in our Catholic mission, we seek to create a safe, inclusive and compassionate community in which every pupil is known, valued, listened to and supported.

We recognise mental health as part of overall health. Children may experience a continuum of emotional wellbeing and mental health needs, from ordinary responses to life events through to difficulties that require targeted or specialist support. The school's role is to promote wellbeing, identify concerns early, provide appropriate educational support and work with families and external services. School staff do not diagnose mental health conditions.

2. Aims

- Promote positive mental health, emotional literacy, resilience, belonging and healthy relationships for all pupils.
- Create a culture in which pupils feel safe to talk and know how and where to seek help.
- Identify emerging needs early and respond proportionately, consistently and without stigma.
- Ensure mental health concerns are considered alongside safeguarding, SEND, attendance, behaviour, equality and medical needs.
- Provide graduated, evidence-informed support and make timely referrals where specialist help is required.
- Work in partnership with parents/carers, pupils and relevant professionals while keeping the child's best interests central.
- Support staff knowledge, confidence and wellbeing so that adults can respond safely and appropriately.
- Ensure reasonable adjustments are considered where a mental health condition amounts to a disability.

3. Legal and Statutory Framework

This policy should be read and implemented in the context of current legislation and statutory guidance, including:

- Children Act 1989 and Children Act 2004, as amended.
- Education Act 2002, including the duty to safeguard and promote pupils' welfare.
- Children and Families Act 2014 and the SEND Code of Practice: 0 to 25 years.
- Equality Act 2010, including the Public Sector Equality Duty and the duty to make reasonable adjustments for disabled pupils.
- Keeping Children Safe in Education 2026 (KCSIE).
- Working Together to Safeguard Children 2026.
- Statutory Relationships Education, Relationships and Sex Education and Health Education guidance in force from September 2026.
- UK GDPR and Data Protection Act 2018, alongside safeguarding information-sharing requirements.
- DfE guidance on Mental Health and Behaviour in Schools and current DfE guidance on promoting and supporting mental health and wellbeing in schools and colleges.

Mental health difficulties can be an indicator that a child has suffered, or is at risk of suffering, abuse, neglect or exploitation. Where a mental health concern is also a safeguarding concern, safeguarding procedures take priority and staff must act immediately.

4. Whole-School Approach

The school adopts a whole-school approach which combines universal provision for all pupils, early help for emerging needs, targeted intervention and partnership with specialist services.

- A calm, predictable, relational and inclusive school culture, underpinned by our mission and values.
- Positive and restorative approaches to relationships and behaviour, while maintaining clear boundaries and high expectations.
- Pupil voice, trusted adults, opportunities for reflection, prayer, participation and responsibility.
- Recognition and celebration of academic and non-academic achievement.
- Attention to protective factors including friendships, belonging, physical activity, sleep, healthy routines, time outdoors and safe use of technology.
- Reasonable adjustments and adaptive approaches for pupils with SEND, neurodivergence, sensory needs, communication needs or other vulnerabilities.
- A graduated response to attendance difficulties, recognising that anxiety or poor mental health may sometimes be a contributory factor without lowering expectations for attendance.
- Clear routes for pupils, parents and staff to raise concerns and access support.

5. Teaching Mental Health and Wellbeing

Mental wellbeing is taught through the school's age-appropriate PSHE/RSHE curriculum and reinforced across school life. Teaching is planned in line with the statutory Health Education requirements and the school's Catholic ethos.

- Recognising and naming emotions and developing self-regulation strategies.
- Understanding the relationship between physical health and mental wellbeing.
- Healthy relationships, kindness, respect, boundaries, belonging and seeking help.
- Managing change, loss, setbacks, worry and age-appropriate stress.
- Reducing stigma and using respectful language about mental health.
- Knowing when something does not feel right and how to speak to a trusted adult.
- Online wellbeing, including how digital experiences may affect emotions, relationships and self-esteem.

Teaching will be sensitive to pupils' age, developmental stage, SEND and lived experiences. Staff will avoid activities that encourage inappropriate personal disclosure in a whole-class setting and will follow safeguarding procedures if a pupil discloses a concern.

6. Roles and Responsibilities

Mental health and wellbeing are a shared responsibility. Key operational roles will be identified annually and communicated to staff, pupils and families. Current Mental Health Lead – Mrs M. Elliott with Mrs T.Ali Assistant.

- The Governing Body provides strategic oversight, ensures statutory duties are met and receives appropriate assurance about provision and impact.
- The Head Teacher promotes a whole-school culture of wellbeing and ensures appropriate staffing, training, systems and resources.
- The Designated Safeguarding Lead (DSL) and deputies lead safeguarding responses where mental health concerns indicate risk of harm, abuse, neglect, exploitation, self-harm or suicidal ideation.
- The Senior Mental Health Lead coordinates the whole-school approach, supports staff development and strengthens links with external services.
- The SENCO ensures mental health needs are considered within the graduated SEND response and that appropriate provision and reasonable adjustments are made.

- The PSHE/RSHE Lead ensures mental wellbeing is taught safely, progressively and in line with statutory curriculum requirements.
- All staff observe, listen, record and report concerns promptly; provide day-to-day pastoral support within their role; and do not attempt to diagnose or provide therapy beyond their competence.
- The linked governor provides appropriate challenge and support while maintaining strategic, rather than operational, oversight.

7. Early Identification

Staff should remain alert to changes that may indicate a pupil needs additional support. No single sign proves that a child has a mental health difficulty; patterns, persistence, severity, context and the pupil's voice should be considered.

- Changes in mood, behaviour, friendships, engagement or attainment.
- Withdrawal, distress, irritability, heightened anxiety or loss of interest.
- Changes in eating, sleeping or self-care patterns.
- Frequent unexplained physical complaints.
- Persistent lateness, absence or emotionally based barriers to attendance.
- Marked changes following bereavement, family change, trauma or other significant events.
- Expressions of hopelessness, worthlessness, self-harm, suicidal thoughts or wanting to die.
- Risk-taking, harmful online experiences, bullying, discrimination or peer-on-peer concerns.

Staff must record concerns factually using the school's agreed recording systems and share them with the appropriate lead. Mental health information should not be held in informal personal notes.

8. Safeguarding, Self-Harm and Suicide Risk

Any disclosure, indication or suspicion of self-harm, suicidal ideation, suicide planning or serious risk must be treated seriously and passed to the DSL/deputy immediately. Staff must not promise confidentiality.

- The pupil should be listened to calmly, taken seriously and not left unsupported where there is an immediate or significant risk.
- The DSL will consider the level of risk, safeguarding context, parental involvement, urgent health advice and referral to appropriate services.
- If a child is in immediate danger or requires urgent medical attention, emergency services must be contacted via 999 and school safeguarding procedures followed.
- Parents/carers will normally be informed promptly unless doing so would place the child at greater risk or conflict with safeguarding advice.
- A clear record must be made of the concern, actions, decisions, rationale, information shared and outcome.
- Support and safety planning will be individualised and reviewed; school-based support is not a substitute for emergency or specialist clinical care.

9. Graduated Support and Intervention

Support will be matched to need and reviewed for impact. Provision may include universal classroom strategies, check-ins with a trusted adult, nurture or ELSA-informed support, social and emotional groups, bereavement support, reasonable adjustments, attendance support and structured pastoral plans.

Where appropriate, tools such as the Strengths and Difficulties Questionnaire, Boxall Profile or emotional literacy measures may inform educational planning. These tools do not provide a clinical diagnosis and will be used by appropriately trained staff with due regard to consent, proportionality and data protection.

For pupils with persistent or significant needs, the school will consider the SEND graduated approach of assess–plan–do–review and whether special educational provision is required. Mental health needs may fall within social, emotional and mental health (SEMH) needs under the SEND framework.

10. Working with Parents and Carers

Parents and carers are important partners. The school will communicate respectfully, listen to family knowledge, explain concerns and proposed support, and encourage appropriate help-seeking.

- Parents/carers may raise concerns with the class teacher, SENCO, DSL, Senior Mental Health Lead or another appropriate member of staff.
- The school will normally involve parents in assessment, support planning and referrals, subject to safeguarding considerations and the child's best interests.
- Parents will be signposted to suitable local and national sources of advice and support.
- Where home and school perspectives differ, the school will continue to record concerns, listen to the pupil and take proportionate action based on need and safeguarding duties.

11. Working with External Services

The school will work with relevant agencies according to the pupil's needs and local referral pathways. These may include Birmingham's children and young people's mental health services, Educational Psychology, School Nursing, Early Help/Family Support, Children's Social Care, counselling or therapeutic services and other health professionals.

Consent will be sought where required. Information may be shared without consent where there is a lawful safeguarding basis and sharing is necessary and proportionate to protect a child.

12. Equality, SEND and Vulnerable Pupils

The school recognises that some pupils may face additional or intersecting risks to mental health and wellbeing. This may include pupils with SEND, neurodivergent pupils, children in care or previously in care, young carers, bereaved pupils, pupils affected by family adversity, pupils experiencing bullying or discrimination, and pupils with attendance difficulties.

Support will be inclusive and non-discriminatory. Where a pupil's mental health condition has a substantial and long-term adverse effect on normal day-to-day activities, it may meet the Equality Act definition of disability. The school will consider reasonable adjustments and will not use a diagnosis as a prerequisite for considering appropriate support.

13. Confidentiality, Information Sharing and Record Keeping

Pupils should be told in age-appropriate language that adults cannot keep information secret where there is a concern about safety. Information will be shared on a need-to-know basis, with the child's welfare as the primary consideration.

- Records will be factual, timely, secure and stored in accordance with the school's safeguarding and data protection arrangements.
- Safeguarding records will include the concern, actions taken, decisions made, reasons for decisions and outcomes.
- Relevant information will be transferred securely when a pupil changes school, in line with KCSIE and the school's safeguarding procedures.
- Data protection law does not prevent necessary and proportionate information sharing for safeguarding purposes.

14. Staff Training, Support and Wellbeing

All staff will receive regular safeguarding training and appropriate updates so that they can recognise possible mental health concerns, understand referral routes and respond safely. Staff with specialist responsibilities will receive role-appropriate training.

The school also recognises the importance of staff wellbeing. Leaders will seek to promote a supportive culture, manageable systems, access to appropriate wellbeing support and opportunities for staff to raise concerns. Staff are expected to work within professional boundaries and seek support when a pupil's needs exceed their role or competence.

15. Pupil Voice and Participation

Pupils will be encouraged to contribute to the development and evaluation of wellbeing provision in age-appropriate ways. Their wishes and feelings will be considered when planning support, while recognising that adults retain responsibility for safeguarding decisions.

16. Monitoring and Evaluation

The effectiveness of this policy and the school's wider approach will be monitored through appropriate evidence such as pupil voice, attendance and behaviour patterns, safeguarding themes, SEND information, pastoral referrals, curriculum monitoring, parent feedback and staff training. Information will be used proportionately and without unnecessary identification of individual pupils.

The Governing Body will receive suitable strategic assurance. This policy will be reviewed annually, and sooner where legislation, statutory guidance, local safeguarding arrangements or school practice changes.

17. Links with Other School Policies

- Child Protection and Safeguarding Policy
- SEND Policy / SEND Information Report
- Behaviour Policy
- Attendance Policy
- Anti-Bullying Policy
- RSHE/PSHE Policy
- Online Safety / Acceptable Use Policies
- Equality and Accessibility policies/plans
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct and Staff Wellbeing arrangements
- Data Protection Policy
- Low-Level Concerns Policy

18. Key Principle for Staff

Notice – Listen – Record – Report – Support – Review

If a pupil's mental health causes concern about their safety or welfare, staff must follow the school's safeguarding procedures immediately. Mental health concerns and safeguarding concerns can overlap; staff should never delay a safeguarding response while waiting for a mental health assessment or diagnosis.