

St Edmund’s Catholic Primary School

Mental Health and Well-being Policy

Updated August 2025.

This policy will be reviewed every 3 years as a minimum.

What is mental health?

According to the World Health Organisation (WHO): Mental health is a state of wellbeing 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 contribute to his or her own community. 1

At St Edmund’s Catholic Primary School, we utilise a whole school approach to mental health, identifying and implementing positive processes and practices which promote good mental health and wellbeing amongst our pupils, their families, staff and governors.

Policy aims:

At St Edmund’s we will:

* Support children to recognise and understand their emotions
* Help children feel comfortable sharing concerns or worries
* Promote self-esteem and help children recognise their worth
* Help children form and maintain positive relationships
* Support them to manage change and develop resilience

We will promote a mentally healthy school environment by:

* Adopting a whole school approach to mental health and wellbeing
* Teaching mental health and wellbeing explicitly through the PSHE/RSE curriculum where relevant, using statutory guidance to ensure this is delivered in a safe and sensitive manner
* Promote knowledge and understanding of internal /external services available to support members of the school community
* Support staff to manage their own mental health and wellbeing
* Provide appropriate training to staff and governors
* Celebrate individual differences, ensuing all members of St Edmund’s community feel valued and respected
* Value and celebrate non-academic achievements

Our purpose:

At St Edmund’s we seek to improve pupil outcomes by developing:

* Pupils who are more engaged in the learning process
* Resilient, happier and more motivated pupils
* Pupils with high self-esteem and confidence
* Good concentration, behaviour and attendance
* Pupils who have a say in what happens in our school
* Positive peer relationships
* Positive and effective relationships between staff and pupils
* Parents and carers being more involved in school life and learning
* Staff to feel supported with their mental health and wellbeing-leads to more effective teaching and lower absenteeism
* Stable, content and consistent workforce

Lead members of staff:

Annette Birmingham-Head teacher/Designated child protection/safeguarding lead (DSL)

Hayley Henderson- Senior Mental Health lead/Deputy safeguarding lead

Rob Brierley-SENCo

?- governor for mental health and wellbeing

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance.

In the event of any concerns that a pupil may be at risk of immediate harm, the school’s child protection procedures should be followed, with an immediate referral to the DSL, Head teacher or designated governor.

In the case of a medical emergency, schools’ procedures for medical emergencies should be followed, including the involvement of first aid staff and contacting the emergency services.

Disclosures:

Any disclosures from pupils or staff about their own mental health or that of a friend, the staff responding should do so in a calm, supportive and non-judgemental manner. Focus on listening in the first instance.

All disclosures must be recorded in writing and held on the pupil’s confidential record (CPOMS). This information should include:

* Time and date of disclosure
* The name of the member of staff to whom it was made
* Main points from the conversation
* Agreed actions

Information should then be shared with the mental health lead, who will store the record appropriately and offer support and advice about next steps.

Support and Signposting:

St Edmund’s will offer support through their school system- see appendix A.

Relevant information regarding local services available within school and the local community will be visible on the school website and school notice board (main entrance) for everyone to see.

Updates/relevant information will be sent directly to parents via parent mail and on paper form for those unable to access online.

Warning signs:

Staff may become aware of warning signs which may indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff should communicate these concerns to the mental health lead. We all differ in displaying distress so it is important to consider any signs of change in behaviour, appearance and communication. However, it is important to note that some pupils may not display any warning signs or could be trying to hide their distress.

Potential warning signs include:

\* physical signs of harm that are repeated or appear non-accidental

\* changes in eating or sleeping habits

\* Increased isolation from friends and family

\* changes in activity and mood

\* lowering of academic achievement

\*expressing thoughts of failure, hopelessness or worthlessness

\* talking or joking about self-harm/suicide

\* secretive or unusual behaviour

\* avoiding PE/changing secretively

\* increase in lateness or absenteeism

\* expressing unusual ideas or beliefs

Working with parents and carers:

St Edmund’s recognises the importance of home/school collaboration and will work with and support parents and carers as part of our whole school approach to mental health and wellbeing.

We will:

* Ensure this policy is available in accessible formats including in print and on our school website
* Ensure all parents know who to contact and how, if they have concerns about their own child or a friend of their child
* Ensure parents and carers are aware of the support available within school and externally
* Keep parents and carers informed about the mental health topics their children are learning about in RSHE, sharing ideas on how to extend and explore this topic at home
* Provide parents and carers with opportunities to be involved in any training or activities which may help them support their child’s mental health

Training:

All staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training, to enable them to keep children safe.

Identified staff who respond to mental health issues will receive additional training opportunities as part of their CPD.

Appendices:

Appendix A :

School support system for mental health and wellbeing-

|  |  |  |
| --- | --- | --- |
| Need | Evidence-based intervention and support | Monitoring |
| Low need-universal (available to all) | General support e.g. class teacher/TA, | Playtimes,  After school clubs,  Check in with PSM |
| Medium need | Access to Thrive room-PSM,  1:1 intervention  Small group intervention | Early Help referral to CFWS if appropriate  Referral to COMPASS Bloom for specific support  Regular check in with PSM/HT  Meeting with parents and other professionals  Monitor support given via CPOMS  If a further referral is needed and they do not meet threshold for CAMHS- we will seek support from Barnardos-Time to Thrive. |
| Highest need | CAMHS assessment  1:1 or family support, consultation with school staff/agencies  1:1 support PSM  Educational Psychologist involvement  External agency providing 1:1 support/group work  If agreed between school, professionals and parent-EHCP application- refer to SEND policy. | All pupils needing targeted individualised support will have an ILP drawn up, explaining:   * Needs of pupil * How they will be supported * Actions required to provide support * Any special requirements   The plan will be monitored, reviewed and evaluated to assess impact.  Early Help Assessment  Multi agency meetings (TAF’s)  Weekly staff briefing-SLT |

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

* 50% of all mental health problems start by age 14 \*.
* Anxiety and depression are the most common mental health problems experienced by young people and have risen in the last few years. In 2020, 1 in 6 children and young people aged 5-16 were identified as having a probable mental health problem\*\*.
* Large increases were seen in depression and poor sleep in young people over a ten-year period to 2015; 8.5% males and 22.8% females self-harming at 14\*\*\*.
* Reported self-harm in young people has risen considerably over the past two decades, from 6.5% in 2000 to 19.7% in 2014\*\*\*\*.

Apps, Online support and further reading:

To support general mental health and wellbeing

Apps

* eQuoo: a storyline and skills game which supports the development of resilience, personal growth and interpersonal relationship skills

<https://www.equoogame.com>

* ThinkNinja: a mental health app designed for 10-18-year olds. It allows people to learn about mental health and emotional wellbeing and develop skills they can use to build resilience and stay well

App store/google play

Online support

* Hub of Hope: mental health database of local, national, per, community, charity, private and NHS support.

<https://hubofhope.co.uk>

* Childline: information, advice, support and tools for children and young people up to 19 years old.

0800 1111 [www.childline.org.uk](http://www.childline.org.uk)

* Kooth: free online counselling for 10-18-year olds

<https://www.kooth.com>

* Shout: a free, confidential and anonymous text support service.

Txt 85258 <https://giveusashout.org/get-help/>

* Young Minds: mental health support for young people and their parents/carers.

<https://www.youngminds.org.uk>

References:

1. World Health Organisation. Mental health: strengthening our response. 2018. Available from: <https://www.who.int/new-room/fact-sheets/detail/mental-health-strengthening-our-response>

\*Kessler RC, Berglund P, Demier O, Jin R, Merikangas KR, Walters EE (2005). Lifetime Prevalence and Age of onset distributions of DSM-IV Disorders in the National Co-morbidity Survey Replication. Archives of general Psychiatry, 62 (6) pp 593-602.

\*\*NHS Digital. Mental Health of Children and Young people in England, 2020. Wave 1 follow up to the 2017 survey. 2020. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

\*\*\*Patalay P and Gage S. Changes in millennial adolescent mental health and health related behaviours over 10 years: a population cohort comparison study. International Journal of Epidemiology, 2019 1650-1664. Available at: <https://www.ncbi.nim.nih.gov/pmc/articles/PMC6904321/pdf/dyz006.pdf>

\*\*\*\*McManus S, Gunnell D, Cooper C, et al. Prevalence of non-suicidal self-harm and service contact in England, 2000-14: repeated cross-sectional surveys of the general population. Lancet Psychiatry 2019;6(7) 573-81.