Emotional Wellbeing and Mental Health of Children

Policy

Our Shared Vision

Equality Mission Statement

We are committed to ensuring equality of educational opportunity and support for all pupils, parents, carers, staff and visitors irrespective of age, sex, race, disability, religion or belief, sexual orientation, pregnancy, gender reassignment, and socio-economic background. We aim to provide a fully inclusive school in which every person feels proud of their identity and is able to participate fully within the school community. We believe that a diverse school community is a strength which should be respected and celebrated by all those who learn, teach and visit here.

Approved by: QED Committee	**Date:** 1.5.25
Signature (Chair of Committee): Signed copy held on file	**Signature (Headteacher):** Signed copy held on file

Last reviewed on: April 2026	**Next review date:** April 2027

This policy covers many of the articles from the UN Convention on the Rights of the Child. Some key ones are listed below.

Article 3 Best Interests of the Child

The best interests of the child must be a top priority in all decisions and actions that affect the child.

Article 12 Respect for the views of the child

Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.

Article 13 Freedom of expression

Children have the right to get and to share information as long as the information is not damaging to them or others.

Article 15 Freedom of association

Children have the right to meet together and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 23 ***Children with a disability***

Children who have any kind of disability should have special care and support so that they can lead full and independent lives.

Article 28 Right to An Education

Children have a right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthy countries should help poorer countries achieve this.

Article 29 Goals of Education

Education should develop each child's personality and talents to the full. It should encourage children to respect their parents and their own and other cultures

Article 39 Recovery from trauma and reintegration

Children who have been neglected or abused should receive special help to restore their self-respect.

Contents

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 contribute to her or his community. (World Health Organisation)

At Becontree Primary School, we aim to promote positive mental health for every member of our staff and all of our pupils. We pursue this aim using workplace practices, universal, whole school approaches and specialised, bespoke approaches aimed at vulnerable pupils. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health.

By developing and implementing a practical, relevant and effective mental health policy and procedures we can promote a safe and stable environment for staff and pupils affected both directly and indirectly by mental ill health.

This document describes the school's approach to promoting positive mental health and wellbeing. It is intended as guidance for all staff including non-teaching staff and governors.

It should be read in conjunction with our:

- Health and Safety Policy
- Confidentiality Policy
- Child Protection and Safeguarding Policy (where the mental health of a pupil overlaps with or is linked to a medical issue)
- Special Needs Policy (where a pupil has an identified special educational need)

Aim of the Policy

We aim to create an environment that promotes positive mental health in all staff and pupils by:

- Increasing understanding and awareness of common mental health issues
- Providing opportunities for staff to look after their mental wellbeing
- Alerting staff to early warning signs of mental ill health in pupils
- Providing support to staff working with young people with mental health issues
- Providing support to pupils suffering from mental ill health and their peers and parents or carers

Lead Members of Staff

Staff with a specific remit includes:

ROLE/ORGANISATION	NAME
Safeguarding Team	
Designated Safeguarding Lead (DSL)	Clare Stock
Deputy DSL	Lillian Stonier
Deputy DSL	Marie Ziane
Other Roles within the School	
Headteacher	Marie Ziane
Deputy Headteachers	Clare Stock and Lillian Stonier
SENDCo	Bernadette Reilly
Child Mental Health First Aider	Mel Lewis
Welfare Lead	Michelle Smallman

Responsibility

Any member of staff who is concerned about the mental health or wellbeing of a pupil/student should speak to the DSL in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Safeguarding Team. If the pupil/student presents a medical emergency then the normal procedures for medical emergencies should be followed. This procedure would be the same with any mental health emergency which could include; serious self – harm, suicidal ideation, plan and intent of suicidal activity.

Where a referral to CAMHS is appropriate, this will be led and managed by DSL or the SENDCo

All school staff are encouraged to:

- Understand this policy and seek clarification from management where required
- Support and contribute to our aim of providing a mentally healthy and supportive environment for all pupils.

Managing Pupil Disclosures

A pupil 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 chooses to disclose concerns about their own mental health or that of a friend, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and first thoughts should be of the pupil's emotional and physical safety, rather than of exploring 'Why?', staff should avoid asking any leading questions.

All disclosures should be recorded on CPOMS, under Cause for Concern (mental health). This should include:

- Date
- Name of member of staff to whom it was disclosed
- Main points from the conversation

- Agreed next steps

This information should be shared with the DSL and SENDCo, who will store the record appropriately and offer advice about the next step.

Warning Signs and Recommended Management

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and communicated to either the DSL or SENDCo

Possible warning signs to look out for in pupils/students or their immediate family.

Important Note

The first two points below present a higher degree of risk and will therefore need a separate risk assessment (Appendix A)

- Talking or joking about self-harm or suicide, this is a risk and will need a separate risk assessment and action plan to manage the risk accordingly.
- Expressing feelings of failure, uselessness or loss of hope. This is a risk and will need a separate risk assessment and action plan to manage the risk safely
- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends of family
- Becoming socially withdrawn
- Changes in activity or mood
- Lowering of academic achievement
- Abusing drugs or alcohol in the family
- Changes in clothing e.g., long sleeves in warm weather
- Secretive behaviour
- Skipping PE/Games or getting changed secretively
- Lateness or absence from school
- Repeated physical pain or nausea with no evident cause
- Increase in lateness or absenteeism

Realistic Expectations

Mental health issues can be ongoing for a long time. They can be highly impactful on a pupil's ability to access school. We need to ensure that all members of staff are realistic in their expectations of affected pupils, to ensure those pupils are not placed under undue stress which may exacerbate their mental health issues.

Expectations should always be led by what is appropriate for a specific pupil at a specific point in their recovery journey rather than by what has worked well for others, so some degree of flexibility is essential.

Expectations to consider addressing include:

- Academic achievement
- Absence and lateness
- Access to extra-curricular activities including sport

- Duration and pace of recovery
- Ability to interact and engage within lessons

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/carers and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements or precautions
- Medication and any side effects
- Emergency procedures /Actions who will do what and when
- The role the school can play

Confidentiality

We should be honest with pupils/students about confidentiality. We should let them know this and discuss with them that it might be necessary to pass the information on:

- 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 pupil without letting them know. Ideally, we should receive their consent, though there are certain situations when information must always be shared with another staff member and/or a parent/carer. This would always include pupils/students up to the age of 16 who are in danger of harm.

If acting to safeguard a pupil/student against harm or look out for their welfare it is imperative to share any information you deem important.

In many cases, the parent/carers should be informed, and pupils may choose to tell their parent/carers themselves. If this is the case, depending upon severity and immediacy of risk, 24 hours should be given to share this information before the school contacts the parent/carers. We should always give pupils the option of the school informing the parent/carers for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parent/carers should not be informed, but the DSL must be notified immediately.

Working with Parents/Carers

Where it is deemed appropriate to inform parent/carers, we need to be sensitive in our approach. It can be shocking and upsetting for parent/carers to learn of their child's issues and many may respond with anger, fear or upset. We should therefore give the parent/carers time to reflect.

We should always highlight further sources of information as parents/carers will often find it hard to take in much of the news that we are sharing. We should always provide clear means of how contact can be made with the school regarding further questions and the school should consider booking in a follow up meeting right away as parents/carers may have many questions as they process the information. We should keep a record on each meeting in the child's confidential record. We will provide local emergency mental health crisis service contact telephone numbers for parents as required.

In order to support all parent/carers of children, we will:

- Update our school resources to provide information about common mental health issues
- Ensure all parent/carers know who to talk to if they have any concerns about their own child or a friend of their child

- Make our mental health policy easily accessible to parent/carers
- Keep parent/carers informed about the 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. 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 might need additional support. It is important to consider:

- What friends should and should not be told
- How friends can support
- Things friends should avoid doing or saying
- Warning signs to look out for
- How friends can access further support for themselves from the school
- Healthy ways of coping with the difficult emotions they may be facing

Staff Training

All staff will receive regular training or guidance about recognising and responding to mental health issues as part of the regular child protection training.

Allocated school staff will attend the Mental Health First Aid Training in order to work closely with the young people to identify and signpost appropriate support and intervention.

The Designated Mental Health Lead in the school has undertaken training provided via the DfE - https://www.gov.uk/guidance/senior-mental-health-lead-training

For those staff members who require more in-depth knowledge additional CPD will be suggested and provided. If the need to provide specific CPD linked to Mental Health and well-being becomes apparent, we will host additional training sessions for staff to promote learning and understanding about specific issues related to mental health.

Staff Support

School staff may receive additional support from their line manager to develop effective knowledge, skills and understanding in order to support the child or young person that may require a higher level of support for their emotional and mental health needs.

It is widely accepted that adversity and trauma does not only affect the child or young person but the people that are supporting them. It is important we recognise the negative impact that of hearing of people's experiences of adversity and trauma can have on our own mental, physical and emotional health. Feeling stressed, overwhelmed or tired from work once in a while is understandable. If you notice this happening regularly it is important to communicate this with your line manager. Protecting our own mental health ensures the children and young people that, we work with have the very best care and support from us.

Support for our staff can be accessed via the following

- Education Support Partnership - https://www.educationsupport.org.uk
- Anna Freud - https://mentallyhealthyschools.org.uk/resources/self-care-toolkit/
- NHS - https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/mental-wellbeing-audio-guides/
- Every Mind Matters - https://campaignresources.phe.gov.uk/schools/resources/every-mind-matters-self-care-tool
- World Wildlife Fund - https://www.wwf.org.uk/5-ways-connect-nature-help-our-wellbeing

- Mental Health First Aid England - https://mhfaengland.org/mhfa-centre/resources/address-your-stress/stress-container-resource-download.pdf

Signposting

We will ensure that staff, pupils and parent/carers are aware of sources of support within school and in the local community, who it is aimed at and how to access it.

We will display relevant sources of support in communal areas. Whenever we highlight sources of support, we will increase the chance of pupils seeking help by ensuring pupils understand.

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

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 the PSHE curriculum which includes 'Mental Wellbeing' within statutory Health education. Our PSHE can be viewed here

PSHE and RHE | Becontree Primary School

The specific content of lessons will be determined by the specific needs of the cohort being taught 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.

Policy Review

This policy will be reviewed every year.

Effectiveness of the policy will be assessed through:

- feedback from staff, pupils and parents
- review of the policy by SLT and governors to determine if objectives have been met and to identify barriers and enablers to ongoing policy implementation.

Appendix A- **Mental Health and Well-being School Based Risk Assessment**

Name of Child or young person	Date Completed
Name of School	Time Completed

Assessment Categories		
Background history and observations	**Yes**	**No**
History of risk to self, you or others?		
Has the young person previously made plans to harm self or others?		
Has there been a difference in the young person's presentation?		
Has the young person got a history of self-harm?		
Has the young person a history of mental health problems or known to CAMHS?		
If yes to any of the above, record details here: If previous self-harm: How long ago was the last attempt?		
Current presentation and causation if known		
Why is the young person presenting now? What recent event(s) precipitated or triggered this Presentation? Record details here:		

Suicide and Self Harm Risk Screening Tool			
Within this screen the greater number of positive responses suggests greater level of risk	**Yes**	**No**	**Unknown**
Suicide plan/expressed intent			
Current suicidal thoughts/ideation			
Family history of suicide			
Depression			
Previous self-harm			
Poor school performance			
Hopelessness/helplessness			
Family concerned about risk			
Lack of social support			

Level of risk	Key assessment information	Actions
LOW	• Mental health problem may be present, but person has no immediate thoughts of plans regarding harm to self or others. • May have already engaged in impulsive self-harming behaviour, but now regrets actions and has no plan or thoughts relating to further self-harming behaviour. • Young person and parent/guardian is confident about maintaining his/her own safety and will provide support	• Inform CAMHs of updated concern and of the schools updated risk assessment. • Provide relevant patient and carer's leaflets/information.
Level of risk	**Key assessment information**	**Actions**
MEDIUM	• There is no plan to act on self-harming or suicidal thoughts. • However, the young person's mental state is at risk of deterioration, and they may be physically vulnerable in certain circumstances.	• Advise family to take the child or young person to the A&E department. • If young person known to CAMHS/ Social services inform the relevant team of the current concern. * Provide relevant patient and carer information.
Level of risk	**Key assessment information**	**Actions**
HIGH	• May well have definite plans to engage in further self-harming behaviour, or to harm others. • Has clearly identifiable risk characteristics, such as imminent thoughts or plans relating to self-harm (or harm to others) or suicide. • May have already engaged in self-injurious or self-harming behaviour, and on-going suicidal intent remains. • May lack capacity and competence to consent to or refuse on-going care and treatment. • Young person likely to act upon thoughts of self-harm or injury at the earliest opportunity. • Mental state will certainly deteriorate without intervention and will almost certainly be physically vulnerable.	• Refer to Hospital CAMHS for mental health assessment and a risk plan developed to address immediate or short-term risk indicators The young person's mental state will deteriorate and increase level of risk if not treated. Immediate action required, including an action plan developed to address risk factors. • The parent or teacher must arrange for the child or young person to be taken to A&E urgently to be seen by the psychiatric liaison Nurse and the CAMHs on call service. For further assessment

Signed: ..... Role: .....

Print Name: ..... Date: .....

Formulation of assessment

Refer to the risk assessment matrix above and summarize:

- What is the key problem?
- What is the level of risk – e.g. low, medium, high?