WOODLANDS PRIMARY SCHOOL, HEDGEHOGS NURSERY & SUNBEAMS CLUB

POSITIVE MENTAL HEALTH & WELLBEING POLICY

Lead responsibility for policy	Alice Morphet Date: October 2025
Approved (Head Teacher)	Victoria Carr Date:
Approved (Chair of Management Committee)	
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Positive Mental Health & Wellbeing Policy

1. Aim and ethos

A school with a mental health and wellbeing policy recognises the role that positive mental health and wellbeing has in enabling children to cope with the everyday stresses of modern life, achieve their potential and contribute positively to their community.

Woodlands Primary School, Hedgehogs Nursery and Sunbeams Club aims to promote positive mental health for all children using both universal ordinarily available provision whole school approaches and specialised targeted approaches aimed at more vulnerable children. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health.

In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for children affected both directly and indirectly by mental ill health. Appendix C details common mental health difficulties faced by young people.

Woodlands Primary School, Hedgehogs Nursery and Sunbeams Club is a school working with vulnerable young people of whom many will have already experienced trauma in their lives, have difficulties in managing their emotions and behaviours or have mental health difficulties. Assessment of whole school wellbeing may be taken in the form of snapshots. The school vision seeks to support all children to aspire to be happy, healthy, imaginative and resilient members of society.

Woodlands Primary School, Hedgehogs Nursery and Sunbeams Club aims to:

- Promote positive mental health in all children
- 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 children suffering mental ill health, their peers and parents/carers

This policy should also be read in conjunction with:

Administering of Medication policy
Sex and Relationships Policy
SEND policy
Safeguarding policy
Attendance policy

2. Lead members of staff

Whilst all staff have a responsibility to promote the mental health of children, staff with a specific, relevant role include:

- Designated Safeguarding Lead – Alice Morphet
- Deputy Designated Safeguarding Lead – Clare Cotton
- School Safeguarding Team – Alice Morphet, Clare Cotton, Sharon Liversey, Mel Gittins and Tom Bowles.
- Senior Mental Health Lead – Clare Cotton
- SENDCos – Alice Morphet and Mel Gittins
- ELSA – Clare Cotton, Ann Wilkinson, Georgia Edwards and Nicky Fuller (EYFS)
- Mental Health First Aider – Alice Morphet and Clare Cotton
- Mental Health Governor – Emma Hamilton

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the Senior Mental Health Lead or a member of the Safeguarding Team and submit a concern through CPOMs.

If there is a concern that the child is in danger of immediate harm, then the normal safeguarding procedures should be followed with an immediate referral to a member of the school Safeguarding Team. 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 other mental health services (CAMHS, MHST, Healthbox etc.) is appropriate, this will be led and managed by the Senior Mental Health Lead.
A report to school governors is made termly to illustrate the incidence of and interventions delivered for mental health issues in school.

3. Safety Plans

It is helpful to draw up an individual Safety 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 and relevant health professionals and can be referenced in the child's 'My Safety Plan.'

4. 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 PSHE and CoJos 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 in line with the guidance from the DfE.

We will follow the PSHE guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

5. Signposting

We will ensure that staff, children and parents are aware of sources of support within school and in the local community by navigating them to appropriate services. What support is available within our school and local community, who it is aimed at and how to access it is outlined. We will share relevant support with parents via the weekly bulletin or through individual recommendations. Appendix A shows possible support available.

Whenever we highlight sources of support, we will increase the chance of child help-seeking by ensuring children understand:

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

6. 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 via CPOMs and also speak to a member of the Safeguarding Team. Possible warning signs 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
- Increase in lateness or absenteeism

7. Managing disclosures

A child 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 child 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 (using TED; Tell me a little bit more about that, Explain and Describe). Staff should listen, rather than advise and our first thoughts should be of the child's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix B. This information should be reported via CPOMs and shared with the Safeguarding Team.

Confidentiality

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

- 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 them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and or a parent/carer.

It is always advisable to share disclosures with a colleague, usually the Senior Mental Health Lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if there are concerns about their safety and it might be appropriate for children to tell their parents themselves. If this is the case, the child should be given an agreed short time frame to share this information before the school contacts 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/safeguarding issues, parents should not be informed, but the school Safeguarding Team must be informed immediately.

8. Working with parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents/carers, we should consider the following (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 neutral?
- Who should be present? Consider parents, the child, and other members of staff
- What are the aims of the meeting?
- Where possible inform the child that you will be speaking with parent/carers about their disclosure

It can be shocking and upsetting for families to learn of their child's issues and they 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 leaflets 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 and forums. 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 step and always keep a record of the meeting on CPOMs.

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:

- Highlight sources of information and support about common mental health issues on our school website and through our school communications
- Ensure that all parents are aware of who to talk to, and how to get 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 family work
- Keep parents informed about the mental health topics their children are learning about in PSHE through the school system and share ideas for extending and exploring this learning at home

9. 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
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friends need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

10. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep children safe. We will share relevant information throughout the academic year for staff who wish to learn more about mental health. 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 and available due developing situations with one or more children. Where the need to do so becomes evident, we will host additional training sessions during staff meeting time 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 SLT who can also highlight sources of relevant training and support for individuals as needed.
Our ELSA TAs attend termly ELSA supervision sessions and as a school we hold half-termly Pastoral Review Meetings to review current pastoral support and prioritise children to receive ELSA sessions the next half term.

11. Staff mental health

Staff Mental Health is a priority. If a member of staff has a concern over their mental health or wellbeing, they need to speak to a member of SLT who will support them in school and signpost them, if necessary, to the relevant support networks that are on offer.

If a member of staff has concerns about another member of staff's mental health or wellbeing, they must report this to SLT. School offers a range of services to support the mental health and wellbeing of staff some of which are listed in Appendix D.

Appendix A – Mental health support available

In school support

Depending on the learning group within which a child is placed and their identified needs they will have access to some or all of the following as part of their school day:

- Group wellbeing sessions
- One to one wellbeing sessions
- Mental Health Support Team (MHST) and Education Mental Health Practitioner (EMHP)
- ELSA sessions with ELSA waiting list when concerns are raised
- Mental health first aiders
- Mental Health Champions
- Educational Psychologist Consultations
- School dog
- Positive rewards based behaviour system
- Daily reflection time/Brain Breaks
- Use of Zones of Regulation
- Pastoral support
- Recognition of Awareness days including Mental Health Week

Support outside of school

Young people and their families can find support through the following websites, resources and organisations:

- Samaritans 24 hour confidential telephone, email and text message service. 08457 909090 or 01905 21121 www.samaritans.org.uk
- NHS Choice 24 hour national helpline providing health advice and information. Call 111. www.nhs.uk
- Mind Infoline Helpline open Mon-Fri (except bank holidays) 0300 123393 www.mind.org.uk
- GP Request an emergency appointment or get advice
- Saneline Out of hours telephone helpline, 7 days a week, 6pm -11pm: 0300 3047000 www.sane.org.uk
- Papyrus www.papyrus-uk.org Hopeline UK is a confidential support and advice telephone support service 0800 068 41 41
- MyMind Cheshire West CAMHS online and telephone support http://www.mymind.org.uk a 24/7 mental health helpline is open to people of all ages who require urgent support and are residents of Cheshire West, Cheshire East and Wirral. 0300 303 3972

- Young Minds web: www.youngminds.org.uk YoungMinds is the UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people.
- Mental Health Foundation website: www.mentalhealth.org.uk Charity improving the lives of those with mental health problems or learning disabilities.
- MindEd www.minded.org.uk At its heart, MindEd provides practical knowledge that gives adults confidence to identify a mental health issue and act swiftly, meaning better outcomes for the child or young person involved.
- Child Line 0800 1111 (UK), 24 hours a day chat: chat online email web: www.childline.org.uk
- NSPCC Offers a wide range of advice and support. www.nspcc.org.uk
- Starting Well local online and chat support https://www.startingwell.org.uk/
- Eating disorder advice Beat email: help@b-eat.co.uk Tel: 0345 634 7650 www.b-eat.co.uk
- Addiction advice FRANK 0300 123 6600 (UK), 24 hours a day live chat (UK), 2-6pm email SMS: 82111 - Need a quick answer? Text a question and FRANK will text you back. www.talktofrank.com

Appendix B – How to manage mental health disclosures

The advice below is from young people, in their own words, together with some additional ideas to help you in initial conversations with children when they disclose mental health concerns. This advice should be considered alongside relevant school policies on safeguarding and discussed with colleagues as appropriate.

Focus on listening "She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point." If a child has come to you, it's because they trust you and feel a need to share their difficulties with someone.

Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much "Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet; I'll get there in the end." The child should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the child does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the child to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand "I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting." The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact "She was so disgusted by what I told her that she couldn't bear to look at me." It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the child may interpret this as you staring at them. They may think that you are horrified about what they are saying or

think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a child may interpret this as you are disgusted by them – to the extent that you can’t bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the child.

Offer support “I was worried how she’d react, but my Mum just listened then said ‘How can I support you?’ – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.” Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools’ policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the child to realise that you’re working with them to move things forward.

Acknowledge how hard it is to discuss these issues “Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me.” It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a child chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the child.

Don’t assume that an apparently negative response is actually a negative response “The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud or else I’d have to punish myself.” Despite the fact that a child has confided in you, and may even have expressed a desire to get on top of their illness, that doesn’t mean they’ll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don’t be offended or upset if your offers of help are met with anger, indifference or insolence, it’s the illness talking, not the child.

Never break your promises “Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.” Above all else, a child wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the child’s ally rather than their saviour and think about which next step you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix C – Further information about common mental health issues

Self-harm

Describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Appendix D – Staff mental health support

SLT

A member of SLT is available for staff support if they need to talk to someone.

Return to Work Meetings

Return to work meetings are conducted by a member of SLT following a staff's period of absence from work. This is to make sure that the member of staff is well enough to return to work and support is put in place if needed.

Open Door Policy

SLT have an Open-Door Policy, whereby staff can come and speak to a member of SLT when they need to. They do not need to book an appointment.

Outside Agencies

If members of staff have worries or concerns outside of school, SLT work closely with that member of staff to introduce them to outside agencies that will help, guide and support them. Staff can self-refer to Healthbox and other agencies free of charge. The Early Help navigator Service can be used by staff to seek support.

Staff can talk to Alice Morphet or Clare Cotton for further support.

Staff shout-outs

Displayed in each staff room to recognise and celebrate staff in school.