



Mental Wellbeing Policy

St Paul's Primary School

2025-2028



CEO SIGNATURE

n/a – non-statutory/operational policy

CHAIR OF TRUST BOARD SIGNATURE

DATE

15/10/2025

NEXT REVIEW DATE



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Introduction

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 make a contribution to her or his community.

(World Health Organization)

In our Trust, we promote positive mental wellbeing for every member of our Trust community. We pursue this aim using both universal, whole Trust/school approaches and specialised, targeted approaches aimed at identified vulnerable individuals. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for individuals affected both directly, and indirectly by mental ill health.

This document describes the Trust's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff, Governors and Directors. This policy should be read in conjunction with our Medical Policy (in cases where an individual's mental health overlaps with or is linked to a medical issue) and the SEND Policy (where an individual has an identified special educational need or disability). It should also be read alongside the Trust Safeguarding and Child Protection Policy and the relevant School's Behaviour Policy to ensure that all children's needs are met.

The Policy aims to:

- Promote positive mental health in all pupils, staff and the wider school community;
- 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; and
- Provide support to individuals suffering mental ill health and their peers and parents/carers.

Lead Members of Staff

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



St Paul's CE Primary School

- Designated Safeguarding Lead (DSL) – Jane Gaskell
- Deputy Designated Safeguarding Lead (DDSL) – Mo Tierney
- Senior Mental Health Lead (with approved mental health lead training) – Jane Gaskell (Training Date TBC)
- SENDCo – Jane Gaskell
- Designated Teacher – Jane Gaskell
- Pastoral Manager – Jane Gaskell
- Head of PSHE – Jane Gaskell
- Mental Health First Aiders – Mo Tierney

Any member of staff who is concerned about the mental health or wellbeing of an individual should speak to the Mental Health Lead in the first instance. The Senior Mental Health Lead is a member of the senior leadership team who has undertaken highly specific, DfE approved training relevant to the role. If there is a fear that the individual is in danger of immediate harm, then the normal Child Protection procedures should be followed with an immediate referral to the DSL or DDSL. If the individual 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 CAMHS is appropriate, this will be led and managed by the Senior Mental Health Lead or Pastoral Manager. Guidance about referring to CAMHS is provided in Appendix C.

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 and relevant health professionals. This can include:

- Details of a pupil's condition;
- Special requirements and precautions;
- Medication and any side effects;
- What to do, and who to contact in an emergency; and
- The role the School can play

Teaching about Mental Health – Tier one universal provision

The skills, knowledge and understanding needed by our individuals to keep themselves and others physically and mentally healthy and safe are included as part of our developmental RHE 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 individuals to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. Our curriculum, as well as timetabled initiatives and enhancements surrounding positive mental health and the issues that may arise that contribute to mental health issues, form part of our tier one approach to promoting and supporting positive mental health and is a universal service for all.

Supporting those experiencing mental health concerns

There will be occasions where pupils in our care experience mental health issues. These may be caused by a life event that causes short term distress for which a pupil might need additional support. However, there may also be no obvious reason for the deterioration in mental health and this may last for a longer period of time. These issues may be brought to the school's attention in a number of ways: A parent, carer or other family member may bring this to the school's attention; a pupil may disclose this themselves either directly or indirectly; a peer may indicate their concerns about a friend; a member of staff may notice signs/symptoms of poor mental health and report this to an appropriate colleague. In the event that support beyond tier 1 provision is required, a member of staff should complete a referral form (appendix A) which should be passed to the Senior Mental Health Lead for consideration. The Senior Mental Health Lead who will consider appropriate action to be taken. This may include one of the following:

- A period of monitoring in consultation with parents/carers
- Arranging support at tier 2 (in school targeted support)
- Advice from external services
- Referral to external services

Tier 2 support

Tier 2 support is support provided to pupils in school that goes beyond universal provision to support an identified pupil.

This may include one of the following:

- In class strategies, including but not limited to safe spaces, exit passes, sensory toys/breaks, noise cancelling headphones
- Support in a small nurture group



- 1:1 support in a nurture session
- Lego therapy
- Play therapy

For staff this may include making reasonable adjustments to working practice within the school day, in consultation with HR.

Tier 3 support

Tier 3 support is when a referral to an external service is required to support the mental health of a member of our school community. This referral will be completed in consultation with the young person and his/her parents/carers (apart from in exceptional circumstances where this could create safeguarding concerns). This could include referral to CAMHS.

Signposting

We will ensure that staff, individuals and parents are aware of sources of support within School, Trust and in the local community, who it is aimed at and how to access it, as outlined in Appendices C and D.

We will display relevant sources of support information in communal areas and will regularly highlight sources of support to individuals within relevant parts of the curriculum. This will ensure that individuals understand:

- What help is available;
- To whom it is aimed;
- How and why to access it; and
- What is likely to happen next.

Warning Signs

School staff may become aware of warning signs which indicate an individual 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 with the School's Senior Mental Health Lead. 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 secretly;
- Lateness to or absence from school;
- Repeated physical pain or nausea with no evident cause; and/or
- An increase in lateness or absenteeism.

Managing disclosures

An individual 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 an individual 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. Staff should listen, rather than advise and our first thoughts should be of the individual's emotional and physical safety rather than of exploring 'Why?'

For more information about how to handle mental health disclosures sensitively refer to the Trust Safeguarding and Child Protection Policy. All disclosures should be recorded in accordance with this policy.

This information should be shared with the Senior Mental Health Lead so that appropriate support and advice about next steps can be offered.

Confidentiality

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

- Who we are going to talk to;
- What we are going to tell them; and
- Why we need to tell them.



We should never share information about an individual 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. This would be when it is believed that an individual is at risk of significant danger or harm. All disclosures should be dealt with in line with the Safeguarding and Child Protection Policy.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (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 individual, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond in a variety of ways during the first conversation and so may need time to reflect. We should always highlight further sources of information and give parents any available leaflets to take away or signpost them to a relevant service see Appendix C.

We will provide clear means of contacting us and will arrange a follow up meeting to discuss the child's next steps. An action plan will be written during the meeting and agreed by all of those involved in supporting the child.

This policy and relevant appendices will be shared with parents and will be accessible through each school's website at all times.

Supporting Peers

When an individual is suffering from mental health issues, it can be a difficult time for their friends. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support.



Training

As a minimum, all staff will receive annual training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep individuals safe. 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 due developing situations with one or more individuals. If the need arises, we will provide training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Staff Wellbeing

We promote a caring environment in our schools so that staff feel supported and understand where to seek help should the need arise (see Appendix C). Should a member of staff feel that a colleague is not seeking the right support independently, their concern should be raised with the Senior Mental Health Lead or Headteacher/Head of School. Any disclosure will follow the Trust's Whistleblowing Policy.



Appendix A- Mental Health Concern Referral Form



Mental Health Concern Form

Please use this form to make a referral to the Senior Mental Health Lead.

Name of child _____

Class _____

Name of referrer _____

Date _____

I am making this referral due to the following reason (tick all that apply):

The child's parent/carer has raised a concern

☐

I have noticed a concerning change in behaviour

☐

The child has raised a concern

☐

An incident or identified context may result in a need for support

☐

Another person has raised a concern

☐

Reason for referral

Outcome: In school nurture/Early Help/Referral to CAMHS/Referral for counselling



Appendix B: Signs and symptoms of common mental ill-health conditions

Depression • Feeling sad or having a depressed mood • Loss of interest or pleasure in activities once enjoyed • Changes in appetite — weight loss or gain unrelated to dieting • Trouble sleeping or sleeping too much • Loss of energy or increased fatigue • Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others) • Feeling worthless or guilty • Difficulty thinking, concentrating or making decisions • Thoughts of death or suicide	Anxiety • Palpitations, pounding heart or rapid heart rate • Sweating • Trembling or shaking • Feeling of shortness of breath or smothering sensations • Chest pain • Feeling dizzy, light-headed or faint • Feeling of choking • Numbness or tingling • Chills or hot flashes • Nausea or abdominal pains
Obsessive-compulsive disorders Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions: • Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them some spend many hours washing themselves or cleaning their surroundings. Some people spend many hours washing themselves or cleaning their surroundings. • Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done. • Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people develop checking rituals. Some people repeatedly retrace driving routes to be sure they haven't hit anyone. • Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion. • Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.	Eating Disorders Anorexia Nervosa: People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation: • Menstrual periods cease • Hair/nails become brittle • Skin dries and can take on a yellowish cast • Internal body temperature falls, causing person to feel cold all the time • Depression and lethargy • Issues with self-image /body dysmorphia Bulimia Nervosa: Patients binge eat frequently, and then purge by throwing up or using a laxative. • Chronically inflamed and sore throat • Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy, • Tooth enamel wears off; teeth begin to decay from exposure to stomach acids • Constant vomiting causes gastroesophageal reflux disorder • Severe dehydration from purging of fluids



Self Harm

- Scars
- Fresh cuts, scratches, bruises or other wounds
- Excessive rubbing of an area to create a burn
- Keeping sharp objects on hand
- Wearing long sleeves or long trousers, even in hot weather
- Difficulties in interpersonal relationships
- Persistent questions about personal identity, such as "Who am I?" "What am I doing here?"
- Behavioural and emotional instability, impulsivity and unpredictability
- Statements of helplessness, hopelessness or worthlessness
- Head banging
- Ingesting toxic substances.

Key Points to Remember:

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals.
- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people.



Appendix C – School Interventions at St Paul's CE Primary School

St Paul's CE Primary School

Services for children, families and staff

WAVE ONE - UNIVERSAL PROVISION

We take the wellbeing and mental health of all of our stakeholders extremely seriously. As a minimum all children, families and staff can expect the following:

- a welcoming environment where everyone is valued equally.
- opportunities to express their views, opinions and worries and be actively listened to.
- for diversity and individuality to be celebrated and valued.
- for talents, strengths and interests to be nurtured.
- to be supported in areas of challenge or need,
- to be supported in accessing support or specialist services where necessary

Classroom practice/school offers to support mental health and wellbeing:

- worry boxes in every classroom
- emotion cards for identified children
- at least weekly PSHE/RHE lessons with themes developed during the week
- daily mindfulness sessions
- key character development through the Skills Builder Hub
- values education which promotes discussion
- well trained staff, who are able to spot and support changes in behaviour
- leadership opportunities for children (school council, worship council, reading ambassadors, play leaders, sports crew)
- wide range of extracurricular clubs
- wellbeing room at lunchtime
- reflection garden
- clear boundaries with rewards and consequences displayed in all classrooms
- achievement assembly once per week



WAVE TWO - NOTICE AND RESPOND

Sometimes children need additional support to help ensure that they are supported to have positive mental health and wellbeing. This may be able to be sufficiently provided in school and may be time limited due to a significant life event. In school, if you have concerns about a child's wellbeing, please complete a wellbeing referral form (located in the staffroom on the Safeguarding board) and pass to the Mental Health Lead (Jane Gaskell). We can support children and families in the following ways through a single agency response:

- Early Help
- Referral to pastoral lead (Jane Gaskell) for nurture sessions
- Lego therapy
- Bereavement support
- Conflict resolution sessions
- Social stories
- Circle of Friends intervention
- Classroom adaptations (for example seating arrangements/noise cancelling headphones/small safe space/time out cards)
- Wishes and feelings
- Small group social skills sessions
- 1:1 work with pastoral lead
- EBSNA (Emotional Based School Non-Attendance) pathway

For families we can provide the following:

- Team around a Family (TAF) meetings
- Behaviour support (through home/school combined strategies)
- Open door policy
- Adaptations to support special circumstances (late/early drop off and pick up, arrival at different entrances, collection from home due to medical need)
- Early Help

Staff can be supported in school individually in the following ways:

- Open door access to senior leadership team with genuine listening response
- SLT mentor
- Time to attend family events/appointments
- Phased return following illness
- Reduction in work load by eliminating unnecessary tasks
- Flexible working patterns (where this can be implemented)



WAVE THREE - RESPOND AND REFER

There will be circumstances in which children, families and staff may need the support of specialist services to help with their individual needs. Below is a list of local services beyond the school that we can refer to or signpost families/colleagues to. The school has SLA's with many of these services or can provide financial assistance for access.

- Wolverhampton Inclusion Team (working 1:1 or with small groups of children on regulating emotions, social skills, conflict resolution)
- Wolverhampton ISAAP (for children who need additional in school support or a short time in alternative provision, including SEMH PRUs)
- Believe2Achieve - counselling service
- Your Psychology (Educational Psychology Service who can provide help and support for families, educational psychology assessments and advice and therapeutic services)
- Wolverhampton MASH (Multi-agency Support Hub) which can provide Strengthening Families or social care support
- SENDSTART (referral for an Educational Health Care Plan)
- Base 25 - for therapeutic services
- Wolverhampton Healthy Minds (16 years and over - 0800923 02222)
- Healthwatch Wolverhampton
- Black Country Helpline (Urgent Mental Health Support - 0345 6460827)
- Citizens Advice (07850 209529)
- Cruse Bereavement Care - 0808 808 1677
- Wolverhampton Black Country Women's Aid - 0121 553 0090
- Violence Against Women and Girls - Safer Wolverhampton Partnership
- CAMHS - Single Point Access

For staff an employee assistance scheme is available. This includes therapeutic services and advice and support - please talk, in confidence, to Jane Gaskell should you wish information about or referral to this staff scheme.



Agency contact details can all be accessed through the Staffordshire connects website (the Staffordshire local offer): www.staffordshireconnects.info

All support services are signposted through the above link.