PUPIL MENTAL HEALTH AND WELL BEING POLICY

July 2026

The Downs Primary School and Nursery

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 Organization)

As PCLC trust, we aim to promote positive mental health for every member of our school community including staff and students, governors and parents. We work towards all of our schools being a 'mentally healthy' school. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In an average classroom, three children will be suffering from a diagnosable mental health issue but many more will be showing some early warning signs. 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.

This document describes the school's approach to promoting positive mental health and wellbeing for pupils and should be read alongside the PCLC Trust Staff Wellbeing Policy. This Pupil Mental Health and Wellbeing Policy is intended as guidance for all staff including teaching, non-teaching staff, governors and trustees. This policy should be read in conjunction with The Downs Primary School and Nursery medical procedures in cases where a student's mental health overlaps with or is linked to a medical issue, The Downs Primary and Nursery School SEND policy where a student has an identified special educational need and each school's Relationships and Behaviour policy.

This policy aims to:

- Promote positive mental health for children,
- Guide schools on relevant documentation and curriculum aids to use to promote positive wellbeing in children and how mental health relates to other school practices and principles.
- Increase staff and parents/carers understanding and awareness of common mental health issues for children
- Alert staff, parents and carers to early warning signs of mental ill health in children
- Provide support and guidance for staff working with young people and how mental wellness is achieved through adopting healthy lifestyle habits
- Provide information to help schools to become mentally healthy places for children to attend
- Support staff to identify pupils who may be at risk of mental ill health and how this may present in a child

- Explain systems and procedures to staff on reporting concerns about a pupil's mental health.

All members of staff have a duty of care to support and care for all children as part of their duties to safeguarding and protect young pupils from harm.

Staff with a specific, relevant remit in schools can include:

Designated Child Protection / Safeguarding officer/ Deputy Designated Safeguarding Leader:

- Sam Weekly – Designated Safeguarding Lead
- Shona Briscoe – Deputy Designated Safeguarding Lead
- Rob Calderwood – Head teacher / Deputy Designated Safeguarding Lead
- Natalie Cooper - Deputy Designated Safeguarding Lead
- Karen Baker - Deputy Designated Safeguarding Lead

Sam Weekly – Senior Mental Health and Wellbeing leader

Sam Weekly - PSHE leader

Daisy Neale - Healthy schools' leader

Daisy Neale– PE leader

Sam Weekly – Pastoral/Behaviour leader

Hollie Finch – SENCo

Mental health encompasses a number of different areas of the primary curriculum. Physical health and adopting a healthy lifestyle act as protective factors for positive mental health and wellbeing. Behaviour, whether this is grounded or presented as dysregulation, should be seen by staff as a means of communication. Therefore, promoting positive mental health and responding to signs of mental ill health should be noted as part of inclusive practice for all children. Many children who present with mental ill health could also be a result of a diagnosed or undiagnosed condition such as ASD or a SEND need, so it is vital that all staff work together to understand mental health and how these overlaps in curriculum areas and subjects.

Documentation and Curriculum

Schools follow the PSHE Association Guidance and PSHE schemes such as The Downs Primary School and Nursery to ensure that staff teach mental health and emotional

wellbeing issues in a safe, sensitive and age-appropriate manner. Mental Health awareness events for pupils are planned, marked and recognised throughout each year, in different forms, including but not exhaustive of: assemblies, enhanced curriculum days, using motivational speakers, and also local charities to strengthen staff and children's understanding of strategies to use to foster positive mental health and wellbeing.

The Five Ways to Wellbeing developed by the National Health Service are also promoted as evidence based principles to improve mood, resilience and overall positive wellbeing. These are: Connect, Be Active, Take Notice, Keep Learning and Give to others.

The Downs Primary School and Nursery use Zones of Regulation or other communication aids/ texts supporting emotional literacy for children to recognise and learn to manage their emotions. Our school embraces the principles, practice and guidance as set out in Trauma Perceptive Practice – an Essex County Council strategy which notes, behaviours that children present are vital forms of communication and practitioners should treat behaviour as a form of communication whereby a child is communicating their feelings. Teaching and support staff are trained on aspects of Trauma Perceptive Practice on induction to a school and aspects of training are revisited when needed in the form of refresher training for adults supporting children with social and emotional barriers to learning.

Early Identification

School staff may become aware of warning signs which indicate a student is experiencing mental ill health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should complete a cause for concern using the appropriate channels.

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
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour such as avoiding PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

It is important to note that negative presentations can represent the normal range of human emotions. Everyone experiences sadness, worry, shyness or are 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. Warning signs can be different for different ages of children or different genders. Appendix 1 provides further information related to common mental health disorders which may present in young children.

Reporting concerns

Any member of staff who is concerned about the mental health or wellbeing of a child should inform the Senior Mental Health leader and/ or use the school's electronic reporting systems for early identification of concern.

If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the Designated Child Protection Officer, Designated Safeguarding Lead or the Headteacher. If a child presents with a medical emergency, then the normal school procedures for medical emergencies should be followed.

Where a referral to CAMHS is appropriate, this will be decided by the Senior Mental Health Leader/ Inclusion Manager and an individual care plan created for the child.

This should be drawn up involving the pupil, the parents and relevant health professionals if a child is also part of a team around the family and other agencies are involved with the family. Information that should be included on a care plan are:

- Details of a pupil's condition/presenting behaviours
- Special requirements and precautions
- Protective factors that support the child in school
- Medication and any side effects
- What to do, and who to contact in an emergency

The care plan should be shared with staff working directly with the child every day which is likely to be their class teacher/form tutor or learning support assistant/co-educator.

Signposting

Leaders ensure that children are able to access pastoral support and time to talk through a number of systems such as:

- Talking to a familiar, safe adult in class/or school
- Wellbeing workshops/lunchtime provisions

- Counsellors/learning mentor availability
- Displaying posters and documentation around the school building
- Installing class worry boxes for pupils to self- refer, and through ensuring that documentation around the school building, gives pupils information on how to access specific learning mentor/ pastoral support time

School leaders will ensure that children and their parents are aware of sources of support within school and in the local community to use when mental ill health has been reported. Each School's website and newsletters signpost parents and carers to agencies and local charities that support parent and child wellness and services. Equally, schools will signpost and promote events locally that will encourage: a sense of belonging, learning a new skill, connecting with others with similar interests and keeping active to reinforce '5 Ways to Wellbeing'

Mental Health Interventions and provisions

Each school, as part of PCLC trust commitment to improving mental health and wellbeing for pupils in our schools, will complete a pupil wellness survey at least annually for all children in Year 2 – 11 to identify and plan accordingly to support key groups of children. Data analysis is then used by senior leaders, to streamline interventions within each school to support those children at most risk of developing mental ill health, thus the most vulnerable children are prioritised. Staff day to day interactions with pupils will also identify children who may be presenting differently to their usual self.

Each school, based on their own staffing structures, will arrange and organise provisions to promote positive mental health and or add protective factors for children differently based upon the staffing structures within each school. However, wave two and three provisions must form the basis of consideration to remove barriers for children where mental ill health or distressed behaviours are present and start to affect a child's academic success also.

Types of provision

Each school will have a graduated framework to structure mental health and wellness provision based upon need.

These range from:

- universal support (accessible for all pupils – Wave 1)
- targeted support and intervention (Wave 2)
- one to one specialist care and provision (Wave 3)

Wave 1 provision

- Teaching lessons through PSHE scheme/weekly teaching in tutor time on topics

- Life skills teaching
- Relationships and behaviour policy and practice
- Time out to reflect on incidents where necessary
- Calming corners in classrooms for pupils in EYFS and KS1 or Regulation Stations or regulation stations
- Life experiences offered – each school differs
- PE lessons and access to outside play and social times
- Whole school curriculum days on different aspects of mental health and wellness
- Assemblies promoting '5 Ways to Wellbeing' planned into the yearly calendar

Wave 2 provision

- Time to talk with a learning mentor/pastoral support for parent and or young person
- Group/individual support for self-esteem, to increase resilience
- Group/individual support to develop emotional regulation, social skills and healthy relationships with others
- Group/individual structured anger management support
- Lego therapy
- Play therapy
- Additional scaffolds such as prompts and reminder cards
- Home/school diaries
- Access to sensory spaces and resources
- Playground support with wellbeing champions/ambassadors
- Peer mentoring or coaching
- Access to breakfast and food vouchers for families in need
- Uniform provided
- Meet and greet by a member of staff daily
- Learning mentor/family support for family/parents/child
- MIND support for families and children

Wave 3 provision

- Harbour counselling
- CAMHs support
- Behaviour support Service – advice, recommendations, work with parents/carers
- Educational Psychologist – assessment, advice and recommendations

Using pupil data to inform decisions

Data collection and analysis is a fundamental aspect for schools to undertake to ensure that resources, be that physical or human, are directed and deployed to support children who are the most vulnerable and likely to develop mental ill health at some

point in their school life and beyond. A child is deemed considerably more vulnerable if they:

- have a number of adverse childhood experiences
- are living in financial poverty and overcrowded living spaces
- identified as pupil premium, or in receipt of free school meals
- have been subject to being looked after by the local authority or have been previously looked after by the local authority
- are known to social care

It is important that schools ensure effective handover of information when a pupil/s transfer or move to another school as part of safeguarding policies. This can include a child's social, emotional and mental health information within the parameters of school GDPR guidance.

Appendix 1

Common Mental Health Conditions

There are common mental health disorders/conditions which present within children as listed below. This is guidance and for information purposes only to support staff in developing a greater personal knowledge about these 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
- Withdrawal from usual interests and hobbies
- Loss of energy or increased fatigue
- Feeling worthless or guilty
- Difficulty thinking, concentrating or making decisions

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
- Nausea or abdominal pains

Obsessive-compulsive disorders

Compulsions are repetitive behaviours or mental acts that a child feels driven to perform in response to an obsession. Some examples of compulsions are:

• Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them

• Repeating an action to dispel anxiety. Some children may utter a name or phrase or repeat a behaviour several times. Depending on their age, they may not be aware that these repetitions won't actually guard against injury.

• Checking to reduce the fear of harming oneself or others – children may have checking rituals such as checking that their belongings are where they put them/ or their favourite resource is still on offer in the classroom.

• Ordering and arranging to reduce discomfort. Some children like to put objects, such as books in a certain order, or in a symmetric fashion.

Eating Disorders

Anorexia Nervosa: Children with anorexia nervosa don't maintain a normal weight because they often refuse to eat enough, could exercise obsessively, and sometimes force themselves to vomit. 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 child to feel cold all the time

• Depression and lethargy

• Issues with self-image /body dysmorphia

Bulimia Nervosa: Children eat frequently, and then purge by throwing up or using a laxative. Other types of disorders are overeating or comforting eating.

• Chronically inflamed and sore throat

• Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.

• 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.

• Overeating or undereating