



Chelmondiston C of E Primary School

Mental Health and Well-Being Policy (pupils)



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Table of Contents

- 1. The Importance of Mental Health and Well-Being**
- 2. Purpose of this Policy**
- 3. Definition of Mental Health and Well-Being**
- 4. A Whole-School Approach to Promoting Positive Mental Health**
- 5. Roles and Responsibilities**
- 6. Supporting Pupils' Positive Mental Health**
- 7. Early Identification**
- 8. Working with Specialist Services**
- 9. Involving Parents and Carers**
- 10. Supporting the Social and Emotional Needs of Pupils**
- 11. Appendix 1 - Protective and Risk Factors**
- 12. Appendix 2 - Specific mental health needs most commonly seen in school aged children**

School Child Protection and Safeguarding Policy Framework

Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.

(Keeping Children Safe in Education)

1. The Importance of Mental Health and Well-Being

At Chelmondiston C of E Primary School, we aim to promote positive mental health and well-being for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health.

We recognise that children's mental health is a crucial factor in their overall well-being and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

All children go through ups and downs through their school career and some face significant life events. Research suggests that approximately 10% of children aged between 5 and 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement.

The Department for Education (DfE) recognises that: *'in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy.'*

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupil's well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that they are able to manage times to change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where:

- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma
- positive mental health is promoted and valued
- bullying is not tolerated

In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being and we have a separate workload and well-being action plan to address this.

2. Purpose of this Policy

This policy sets out

- how we promote positive mental health
- how we prevent mental health problems
- how we identify and support pupils with mental health needs
- how we train and support all staff to understand mental health and issues and spot early warning signs to help prevent mental health problems getting worse
- key information about some common mental health problems
- where parents, staff and pupils can get advice and support

3. Definition of Mental Health and Well-Being

We use the World Health Organisation's definition of mental health and well-being:

...a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

Mental health and well-being are not just the absence of mental health problems. We want all children/young people to

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

4. A Whole School Approach to Promoting Positive Mental Health

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:

1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. helping pupils to develop social relationships, support each other and seek help when they need to
3. helping pupils to be resilient learners
4. teaching pupils social and emotional skills and an awareness of mental health
5. early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services
6. effectively working with parents and carers
7. supporting and training staff to develop skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues. We aim to be a 'talking school' with an 'Open Door Policy'.

5. Roles and Responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems. These can include: a physical long-term illness, having a parent who has mental health difficulties, death and loss such as the loss of friendships, a family breakdown and bullying. The staff also understand the factors that protect children from adversity, such as self-esteem, positive communication, developing problem-solving skills, a sense of worth or belonging and emotional literacy.

The school's Mental Health Well-Being Team (*Headteacher, Designated Safeguarding Lead, SENDco and Pastoral Support Lead*) are responsible for:

- *leading and working with other staff members to coordinate whole-school activities to promote positive mental health*
- *providing advice and support to staff and organising training updates*
- *keeping staff up-to-date with information about what support is available*
- *liaising with the PSHE Leader on teaching about mental health*
- *being the first point of contact and communication with mental health services*
- *leading on and making referrals to services*

There are clear links with the Behaviour Policy because we believe that behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, is likely to be related to an unmet mental health need. We consider **behaviour to be a message**.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families. Support includes:

- Safeguarding/Child Protection Team
- Pastoral Support Lead
- SENDco who helps staff understand their responsibilities to children with special emotional needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision.
- Mental Health Lead/Mental Health First Aider
- Class Teachers as the first point of contact and support
- The Mental Health Support Team for Suffolk and Norfolk
- Child and Adolescent Mental Health (CAMHS) - core meetings to support staff to manage the mental health needs of pupils

6. Supporting Pupils' Positive Mental Health

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including:

Class Activities

- Worry Boxes
- Calm Me Time in PSHE lessons (and other times as required)
- Dragon Breathing
- Mindfulness moments
- Daily Mile

Whole-School Activities

- Mental Health Well-being focus threading throughout the school ethos and PSHE curriculum
- SMSC half-termly drop-down days
- Anna Freud *Schools in Mind* resources
- encouraging positive relationships so children can be aware of Trusted Adults and call upon them when needed
- assembly and calendar of Mental Health and Well-being themes
- Daily Mile
- using the Power of Reading to explore themes and learn about emotions, difference, loss, bullying, change, resilience, etc.
- displays and information around school about positive mental health and where to go for help and support, both within school and outside the school
- after school clubs
- awareness raising - recognising 'Children's Mental Health Week' annually

Small Group or One-to-One Activities

- nurture sessions
- lunchtime clubs such as Chess, Sign Language, Dance and Drawing
- THRIVE sessions
- The Well-Being Hub (in-house nurture support)

Teaching about Mental Health and Emotional Well-Being

The Jigsaw PSHE scheme is used across the school. It is comprised of the following units of learning that are revisited each year to develop an age-appropriate understanding of key themes.

- Being Me
- Celebrating Differences
- Dreams and Goals
- Healthy Me
- Changing Me

We teach the knowledge and social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems. We support this using other resources such as those from Mentally Healthy School, The Anna Freud Centre, THRIVE and Therapeutic Thinking.

The Early Years Foundation Stage Statutory Framework sets out standards to make sure children aged from birth to five learn and develop and are kept healthy and safe. Personal, Social and Emotional Development (PSED) is a prime area of learning.

Our approach is to:

- provide a safe environment to enable pupils to express themselves and be listened to
- provide key and trusted adults with an emphasis on relationships
- ensure the welfare and safety of pupils as paramount
- identify appropriate support for pupils based on their needs
- involve parents and carers when their child needs support
- involve pupils in the care and support they have
- monitor, review and evaluate the support with pupils and keep parents and carers updated

7. Early Identification

We aim to identify children with mental health needs as early as possible and provide a prompt response. We do this in different ways including:

- identify individuals that might need support as soon as needs emerge
- working with the School Office staff who are often the first point of contact with families seeking support
- home visits in Foundation Stage to identify needs
- induction meetings for pupils / families joining after the Reception year
- analysing behaviour, attendance and pastoral concerns raised
- annual pupil well-being surveys
- staff report concerns about individual pupils to the Senior Mental Health Lead and Designated Safeguarding Team
- worry boxes in each class for pupil use which are checked by the class teacher
- gathering information from a previous school at transfer or transition
- Pastoral Support Lead 'meet and greet' as first point of contact at drop-off
- enabling pupils to raise concerns to class teacher and support staff
- enabling parents and carers to raise concerns through the class teacher or to any member of staff - we have an 'Open Door Policy'
- Meetings with outside support services such as the Suffolk Mental Health Support Team

All staff have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the Designated Safeguarding Team.

These signs might include:

- non-verbal behaviour
- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- lowering academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope
- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather
- repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development. We follow the 'all behaviour communication' principle.

If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures are followed.

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff listen rather than advise. Staff are clear to pupils that the concern will be shared with the Designated Safeguarding Team and recorded in order to provide appropriate support to the pupil.

Non-Verbal Disclosures by Pupils

Staff also recognise persistent and unusual non-verbal disclosures in behaviours in line with the NICE (National Institute for Health & Care Excellence) recommendation that behaviour may be an unmet need or message.

8. Working with Specialist Services

In some case a pupil's social emotional mental health needs require support from a specialist service. These might include anxiety, depression, school refusal and other complex needs. We make links with a range of specialist services to review the support and consider next steps as part of monitoring the pupils' provision. We work closely with the Mental Health Support Team for Suffolk and Norfolk, who offer a range of bespoke programmes of support for the pupils we refer.

9. Involving Parents and Carers

Promoting Mental Health

We recognise the important role parents and carers have in promoting and supporting the social emotional mental health and well-being of their children, and in particular supporting their children with mental health needs.

To support parents and carers:

- we provide information and signposting to organisations on our websites on mental health issues and local well-being and parenting programmes.
- we have an Open-Door policy.
- supporting parents and carers with children with mental health needs through sensitive and supportive regular meetings and signposting.
- referrals to the Mental Health Support Team

When a concern has been raised the school will:

- contact parents and carers and meet with them
- offer information to take away and places to seek further information

- be available for follow up calls
- make a record of the meeting
- discuss how the parents and carers can support their child
- keep parents and carers up to date and fully informed of decisions about the support and interventions
- consult the Mental Health Support Team and make a referral if required

Parents and carers will always be informed if their child is at risk of danger.

We make every effort to support parents and carers to access services where appropriate. Pupils are our primary concern, and in the rare event that parents and carers are not accessing services we will seek advice. We also provide information for parents and carers to access support for their own mental health needs.

10. Supporting the Social and Emotional Needs of Pupils

We want all staff to be confident in their knowledge of mental health and well-being and to be able to promote positive mental health and well-being, identify mental health needs early in pupils and know what to do and where to get help (see Appendix 3). Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.

Staff receive training to raise awareness of social emotional and mental health well-being (including adverse childhood experiences).

Role:	Name and contact details:
Designated Safeguarding Lead (DSL)	Kerry Palmer-Long Tel: 01473 780576 admin@chelmoprimary.uk
Alternate DSL	Lesley Etchingham (Headteacher) Tel: 01473 780576 admin@chelmoprimary.uk
Alternate DSL	Tracy Whayman (School Business Manager) admin@chelmoprimary.uk
Named safeguarding governor	Lucie Breadman admin@chelmoprimary.uk
Chair of Governors	Nicky Whalley admin@chelmoprimary.uk
School Online-Safety Lead	Lesley Etchingham Tel: 01473 780576 admin@chelmoprimary.uk
Designated teacher for Children in Care and children previously in care (CiC)	Kerry Palmer-Long Tel: 01473 780576 admin@chelmoprimary.uk
Senior Mental Health Lead	Kerry Palmer-Long Tel: 01473 780576 admin@chelmoprimary.uk

Appendix 1

Protective and Risk Factors

(adapted from Mental Health and Behaviour DfE March 2016)

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Specific developmental delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem-solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	<ul style="list-style-type: none"> • Overt parental conflict, including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss - including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationship or the absence of severe discord
In the school	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences

In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities
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Appendix 2

Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs

Mental Health and Behaviour in School DfE March 2016

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Annex C includes definitions, signs and symptoms and suggested interventions for

- Anxiety (including panic attacks, phobias and Obsessive-Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self-Harm

The DfE guide does not include specific information on suicidal thoughts

Suicidal Thoughts

Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

Appendix 3

Where to get information and support.

For support on specific mental health needs:

- Anxiety UK www.anxietyuk.org.uk OCD UK www.ocduk.org
- Eating Disorders www.b-eat.co.uk
- National Self-Harm Network www.nshn.co.uk
- Self-Harm www.selfharm.co.uk

For general information and support www.youngminds.org.uk champions young people's mental health and wellbeing www.mind.org.uk advice and support on mental health problems www.minded.org.uk (e-learning) www.time-to-change.org.uk tackles the stigma of mental health www.rethink.org challenges attitudes towards mental health.

Further links can be found on our school website by following the link below.

<https://www.chelmondiston.suffolk.sch.uk/mental-health-and-well-being-1/>