



Whitley Abbey Primary School Children's Mental Health and Wellbeing Policy

**Approved by
Governors**

Date: September 2025

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September 2025**

**Next review due by:
September 2027**

Whitley Vision and Values

Aims and Values

We aim...

- For everyone to be valued, safe and happy.
- To nurture the mental and physical health of everyone through our character values of; kindness, honesty, friendship, courage, resilience, and gratitude.
- To foster positive relationships, to engender an ethos of tolerance, respect and an understanding that we live in a diverse community.
- To strive to open children's minds to life's possibilities and promote citizenship amongst our children.
- To place a great emphasis on developing oracy and a love of reading and vocabulary, empowering all students, to find their voice to succeed in school and life.
- To promote high standards of teaching and learning and expect the highest levels of attainment for everyone.



Hand in Hand we learn

Core Learning Values

A core learning value is a central belief clearly understood and shared by every member of the school community. We believe in commitment, opportunity, respect and excellence.

By **commitment** we mean that everyone

- shows loyalty to friends, colleagues and the school
- is willing to support and show care for those who need help
- is willing to work to the highest level
- keeps the school rules

By **opportunity** we mean that everyone

- develops confidence through participation
- volunteers in a variety of school situations
- considers their own strengths
- pursues individual interests in a manner which broadens horizons

By **respect** we mean that everyone

- values all members of the school community
- displays good manners at all times
- displays tolerance of others with different points of view and beliefs
- shows respect for the school buildings, facilities and surrounding environment

By **excellence** we mean that everyone

- is proud of personal achievement
- produces work of the highest quality
- sets high standards and personal goals for improvement
- makes best use of talents, time and resources

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Whitley Abbey Primary School Wellbeing and Mental Health Mission Statement

Our mission is to create a nurturing and inclusive school environment where every child feels valued, supported, and empowered to thrive. We are committed to promoting mental health and wellbeing by fostering emotional resilience, positive relationships, and a sense of belonging for all students. Through education, open communication, and the encouragement of healthy coping strategies, we aim to equip our pupils with the tools they need to manage their emotions, overcome challenges, and grow into confident, compassionate individuals. We believe that mental health is just as important as physical health, and we are dedicated to ensuring that our school is a safe space where every child can develop the skills to maintain their mental wellbeing now and in the future.

We also have a role to ensure that children 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.

At our school we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

2. Aims

At Whitley Abbey Primary School, we are committed to supporting the mental health and wellbeing of pupils, parents, carers, staff and the school community.

This policy focuses on pupils' mental health and wellbeing. It aims to:

- Set out our school's approach to promoting positive mental health and wellbeing for all pupils across our school
- Provide guidance to staff on their role in supporting pupils' mental health and wellbeing, including how they can foster and maintain an inclusive culture in which pupils feel able to talk about and reflect on their experiences of mental health
- Support staff to identify and respond to early warning signs of mental health issues
- Inform pupils and their parents/carers about the support they can expect from our school in respect of pupils' mental health and wellbeing, and provide them with access to resources

It should be read alongside:

- SEND policy
- Positive Behaviour policy
- Anti-bullying policy
- Safeguarding and Child Protection policy
- PHSE (including SRE) policy

3. Legislation and guidance

- This policy was written with regard to:
- The Equality Act 2010
- The Data Protection Act 2018
- Articles 3 and 23 of the UN Convention on the Rights of the Child

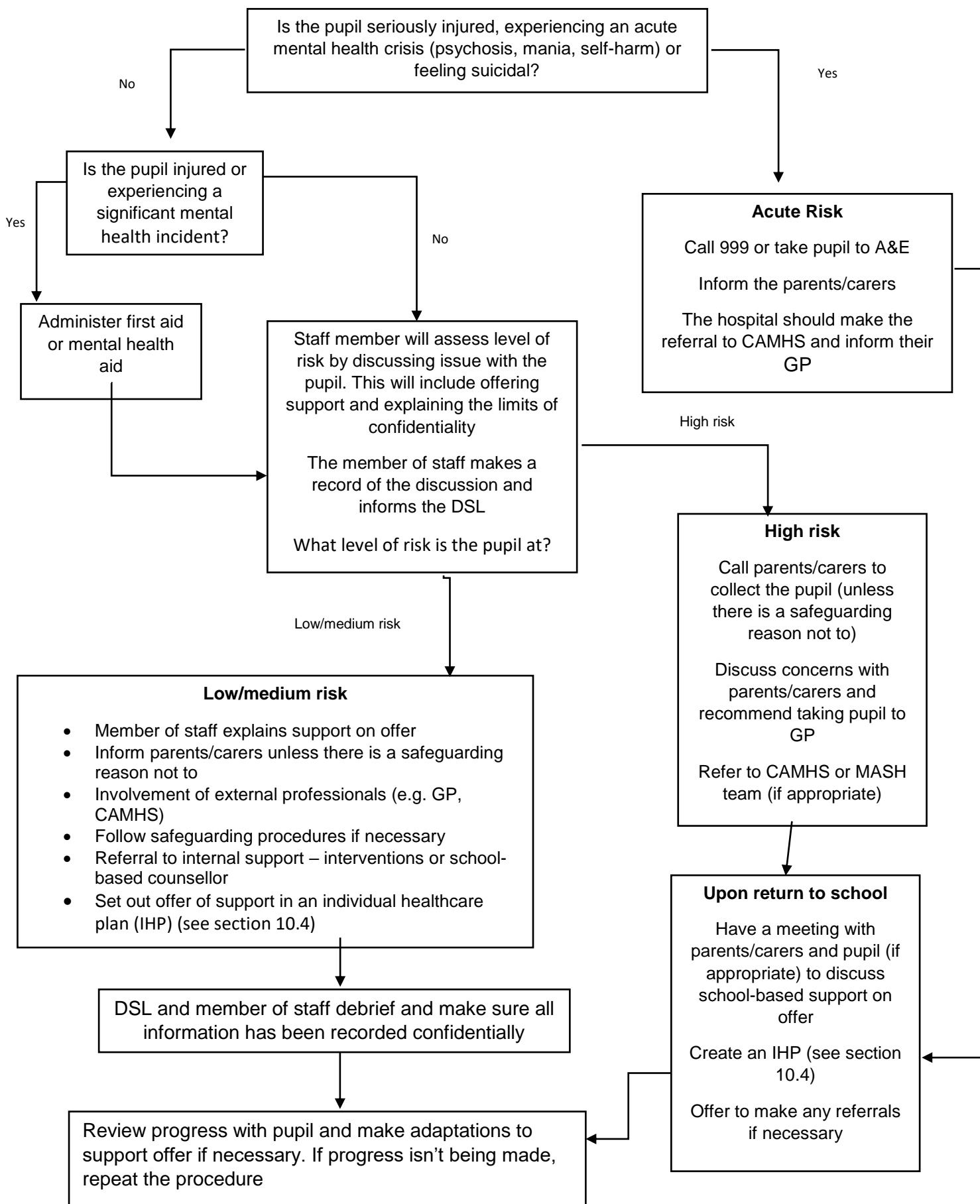
4. Roles and responsibilities

All staff are responsible for promoting positive mental health and wellbeing across our school and for understanding risk factors. If any members of staff are concerned about a pupil's mental health or wellbeing, they should inform the Mental Health Lead/DSL

Our Mental Health Team:

- Mental Health Lead/Designated Safeguarding Lead (DSL)/Attendance Lead - Mrs Reeve
- Mental Health First Aiders: Miss Carter, Miss McKeogh, Miss Clarke, Mrs Mustapha, Miss Cowley, Miss Lawler, Mrs Bivens
- Special educational needs co-ordinator (SENCO)- Mrs Haines
- Mental Health School Team Practitioner – Zahra Irian
- Wellbeing Governor – Louise Proctor

5. Procedure to follow in a case of acute mental health crisis



6. Early Identification and Warning signs

All staff will be vigilant in identifying a range of possible difficulties that may be contributing to a pupil's poor mental health, including:

- Attendance
- Punctuality
- Relationships
- Approach to learning
- Physical indicators
- Negative behaviour patterns
- Family circumstance
- Recent bereavement
- Health indicators

School staff may also become aware of warning signs which indicate a pupil is experiencing mental health or wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the designated safeguarding lead/mental health lead.

Possible warning signs include changes in:

- eating or sleeping habits
- becoming socially withdrawn
- activity and mood
- Talking about self-harm or suicide
- Personal hygiene deteriorates
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Rapid weight loss or gain
- Secretive behaviour
- Covering parts of the body that they wouldn't have previously
- Refusing to participate in P.E. or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted
- Talking or joking about self-harm or suicide
- Self-esteem promotional practices –roles and responsibilities for pupils in school

7. Managing disclosures

If a pupil makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring.

Staff will focus on the pupil's emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice.

Staff will always follow our school's safeguarding protocol and pass on all concerns to the DSL/mental health lead.

When making a record of a disclosure, staff will use a safeguarding cause for concern form and hand straight to the DSL/DDSL/MHL

Parents/carers will be informed by DSL/ MHL unless there is a child protection concern. In this case the child protection procedures will be followed.

8. Supporting pupils

As part of our school's commitment to promoting positive mental health and wellbeing for all pupils, our school offers support to all pupils by:

- Raising awareness of mental health during assemblies, PSHE and mental health awareness week
- Having open discussions about mental health during lessons
- Using inclusive messaging to share support is not just for children in crisis but for anyone navigating emotional changes
- Providing pupils with avenues to provide feedback on any elements of our school that is negatively impacting their mental health
- Monitoring all pupils' mental health through assessments, e.g. a strengths and difficulties questionnaire.
- Using the 3 houses tool to understand more about the child's lived experience
- Appointing mental health lead with a strategic oversight of our whole school approach to mental health and wellbeing
- A range of staff as mental health first aiders and an effective mental health team
- Offering pastoral support and interventions
- Making classrooms a safe space to discuss mental health and wellbeing through interventions such as:
 - Worry bag
 - Jigsaw sessions
 - Class wellbeing toolkit
 - Class emotional check ins
 - Social stories
 - Creating an environment to encouragement pupils to talk and share emotions and feelings

Our aim for our pupils that by the end of Primary School they will:

- Understand mental well-being is a normal part of daily life.
- Know how to recognise and talk about their emotions
- Develop resilience
- Be aware of the benefits of physical exercise
- Use simple self-care techniques

- Discussing isolation and loneliness
- Understand how to deal with bullying including cyberbullying
- To break down the stigma attached to mental ill health and reinforce support is available

Assessing, Intervention and support Assessment, interventions and support

All concerns are reported to the designated mental health lead/DSL/DDSL within school and needs are assessed through a triage approach with Mental Health lead, MH team members, class teachers and SENDCO to ensure the child gets the support they need, either from within the school or from an external specialist service, as quickly as possible.

Regular reviews are the completed with relevant staff and parents/carers to assess the impact of support, progress and any further intervention needed.

Mental Health Lead has monthly meetings with Mental Health Schools Team Practitioner where children's mental health needs will be identified to be discussed. Class teacher will invite parents in for a discussion about the child's wellbeing and gather their views and together agree to complete an Emotional Wellbeing and Mental Health well-being referral form.

Outcome could be advice/support/intervention/monitoring for school to complete or may be a further referral to Mental Health Services. This referral form will be completed by/with MHL, class teacher, parents and will incorporate the child's voice.

Where appropriate, a pupil will be offered support that is tailored to their needs the support offered at our school includes:

- Nurture groups/1-1 sessions
- Emotional Literacy Support /ELSA interventions
- Friendship/ social groups
- Key adult mentoring
- Reduced timetable
- Time-out pass/planned breaks
- Counselling/play therapy
- Quiet lunch time
- Lego therapy
- Sensory Garden
- Wellbeing groups
- Working with MHST practitioner
- Mindfulness techniques
- Outdoor learning

9. Working with parents/carers

We will work with parents/carers to support pupils' mental health by:

- Asking parents/carers to inform us of any mental health needs their child is experiencing, so we can offer the right support
- Informing parents/carers of mental health concerns that we have about their child
- Engaging with parents/carers to understand their mental health and wellbeing issues, as well as that of their child, and support them accordingly to make sure there is holistic support for them and their child
- Highlighting sources of information and support about mental health and wellbeing on our school website, including the mental health and wellbeing policy
- Liaising with parents/carers to discuss strategies that can help promote positive mental health in their child
- Providing guidance to parents/carers on navigating and accessing relevant local mental health services or other sources of support (e.g. parent/carer workshop)
- Keeping parents/carers informed about the mental health topics their child is learning about in PSHE, and share ideas for extending and exploring this learning at home

When informing parents/carers about any mental health concerns we have about their child, we will endeavour to do this face-to-face.

These meetings can be difficult, so our school will ensure that parents/carers are given time to reflect on what has been discussed, and that lines of communication are kept open at the end of the meeting.

A record of what was discussed, and action plans agreed upon in the meeting will be recorded and added to the pupil's confidential record.

10. We promote a mentally healthy environment through:

- Whole school approach on promoting positive mental health
- Promoting our core values and encouraging a sense of belonging throughout school
- Teaching about mental health using JIGSAW Scheme
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- Providing opportunities to reflect
- Access to appropriate support to meet the pupils needs
- Promoting healthy coping strategies
- Helping pupils to understand their own emotions and feel better
- Help pupils to feel comfortable sharing concerns or worries
- Help pupils to develop emotional resilience and manage setbacks

Staff will create an open culture around mental health by:

- Discussing mental health with pupils in order to break down stigma
- Encouraging pupils to disclose when their mental health is deteriorating
- Sharing inclusive messages that mental health support is available for anyone experiencing emotional changes.

11. Training

All staff will be offered training so they:

- Have a good understanding of what pupils' mental health needs are
- Know how to recognise warning signs of mental ill health
- Know a clear process to follow if they identify a pupil in need of help

12. Support for staff

We recognise that supporting a pupil experiencing poor mental health can affect that staff member's own mental health and wellbeing. To help with this we will have a Staff wellbeing and mental health policy.

13. Signposting

School is able to offer a number of services and signpost others.

In School support:

Positive support with trained staff,
Pastoral
Social and Emotional aspects of learning
PSHE

Outside Agencies:

GP
Child and Mental Health Services (CAMHS)
Mental Health Schools Team (MHST)
Drop in with School nurse/Health Mentor
Play therapist/ Counsellor
Safeguarding

Useful Links

- DFE Mental Health and Behaviour in schools
- MindEd for Families
- Anna Freud National Centre for Pupils and Families
- Place 2 Be
- Youngminds
- Childline
- <https://www.coventry.gov.uk/downloads/file/37590/coventry-schools-mental-health-leaflet>
- Kooth
- Mind
- Compass Shine

- Relate
- Rise
- Mental Health School teams
- Dimensions of health and wellbeing tool

Links

Young Minds www.youngminds.org.uk

Mind www.mind.org.uk

Minded www.minded.org.uk

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Depression Alliance: www.depressionalliance.org/information/what-depression

Anxiety UK: www.anxietyuk.org.uk

OCD UK: www.ocduk.org/ocd

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide:
www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry:
www.inourhands.com/eatingdifficulties-in-younger-children

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Warning Signs and Symptoms

Depression in children

Symptoms of depression in children often include:

- sadness, or a low mood that does not go away
- being irritable or grumpy all the time
- not being interested in things they used to enjoy
- feeling tired and exhausted a lot of the time
- have trouble sleeping or sleep more than usual
- not be able to concentrate
- interact less with friends and family
be indecisive
- not have much confidence
- eat less than usual or overeat
- have big changes in weight
- seem unable to relax or be more lethargic than usual
- talk about feeling guilty or worthless
- feel empty or unable to feel emotions (numb)
- have thoughts about suicide or self-harming
- actually self-harm, for example, cutting their skin or taking an overdose

Some children have problems with anxiety as well as depression. Some also have physical symptoms, such as headaches and stomach aches.

Problems at school and problem behaviour can be a sign of depression in children and young people.

NHS UK

Next steps

If you think your child may be depressed, it's important to talk to them. Try to find out what's troubling them and how they're feeling.

Whatever is causing the problem, take it seriously. It may not seem like a big deal to you, but it could be a major problem for your child.

If your child does not want to talk to you, let them know you're concerned about them and you're there if they need you.

Encourage them to talk to someone else they trust, such as another family member, a friend or someone at school.

It may be helpful for you to talk to other people who know your child, including their other parent.

You could also contact staff at school to ask if the staff have any concerns.

if you think your child is depressed, or you're concerned about their general wellbeing, make an appointment with them to see a GP.

NHS UK

Anxiety in children

When young children feel anxious, they cannot always understand or express what they are feeling.

- You may notice that they:
 - become irritable, tearful or clingy
 - have difficulty sleeping
 - wake in the night
 - start wetting the bed
 - have bad dreams

- often have stomach aches or headaches

In older children you may notice that they:

- lack confidence to try new things or seem unable to face simple, everyday challenges
 - find it hard to concentrate
 - have problems with sleeping or eating
 - have angry outbursts
 - have a lot of negative thoughts, or keep thinking that bad things are going to happen
 - start avoiding everyday activities, such as seeing friends, going out in public or going to school
- Anxiety becomes a problem for children when it starts to get in the way of their everyday life.

If you go into any school at exam time, all the children will be anxious, but some may be so anxious that they do not manage to get to school that morning. Anxiety can start to cause problems for your child when:

- it's very strong, or getting worse, and does not go away
- it gets in the way of daily activities, stopping your child doing things they enjoy
- Severe anxiety like this can harm children's mental and emotional wellbeing, affecting their self-esteem and confidence. They may become withdrawn and go to great lengths to avoid things or situations that make them feel anxious.

NHS UK

Next Steps

How to help your anxious child

If your child is having problems with anxiety, there's plenty you can do to help. Above all, it's important to talk to your child about their anxiety or worries. Read more about [anxiety in children](#), including self-help tips for parents of anxious children. Many children at different ages may have anxieties that will go away after a while, with your reassurance.

However, it's a good idea to seek professional help or reassurance yourself if your child is constantly anxious and:

- it's not getting better, or is getting worse
- self-help is not working
- it's affecting their school or family life, or their friendships

Where to get help for anxiety

An appointment with a GP is a good place to start. You can talk to the GP on your own or with your child, or your child might be able to have an appointment without you. If the GP thinks your child could have an anxiety disorder, they may refer them for an assessment with your local [children and young people's mental health services \(CYPMHS\)](#).

NHS UK

Obsessive-Compulsive Disorders

Obsessive compulsive disorder (OCD) is a mental health condition where a person has obsessive thoughts and compulsive behaviours.

OCD can affect men, women and children. People can start having symptoms from as early as 6 years old, but it often begins around puberty and early adulthood.

OCD can be distressing and significantly interfere with your life, but treatment can help you keep it under control.

If you have OCD, you'll usually experience frequent obsessive thoughts and compulsive behaviours.

An obsession is an unwanted and unpleasant thought, image or urge that repeatedly enters your mind, causing feelings of anxiety, disgust or unease.

A compulsion is a repetitive behaviour or mental act that you feel you need to do to temporarily relieve the unpleasant feelings brought on by the obsessive thought.

NHS UK

Next Steps

To get help for your mental health you'll need to talk to someone who can put you in touch with your local children and young people's mental health services. This is usually called a referral.

You could speak to:

a teacher or school nurse

a GP

a youth worker

a social worker

a children's doctor (paediatrician)

They may also be able to offer immediate advice and help.

If you're not sure who to speak to, try talking to a trusted adult who can help.

If you're not comfortable talking to someone, it's often possible to refer yourself to local children and young people's mental health services. This is called self-referral. A parent or carer can also refer you.

If you're a parent or a carer, you can speak to a GP or your child's teacher, school nurse or social worker on their behalf to find out how to get help locally.

NHS UK

Eating Disorders

An eating disorder is a mental health condition where you use the control of food to cope with feelings and other situations.

Unhealthy eating behaviours may include eating too much or too little or worrying about your weight or body shape.

Anyone can get an eating disorder, but teenagers and young adults are mostly affected.

With treatment, most people can recover from an eating disorder. The most common eating disorders are: **anorexia nervosa** (often called anorexia) – trying to control your weight by not eating enough food, exercising too much, or doing both

bulimia – losing control over how much you eat and then taking drastic action to not put on weight

binge eating disorder (BED) – eating large portions of food until you feel uncomfortably full

NHS UK

Next Steps It can be difficult to know what to do if you're worried that someone has an eating disorder.

They may not realise they have an eating disorder. They may also deny it, or be secretive and defensive about their eating or weight.

Let them know you're worried about them and make an appointment with a GP

Self-Harm

It can be hard to recognise when someone has started to self-harm as they may not want anyone else to know.

Physical signs

There are also many different ways that someone might self-harm.

- keeping themselves fully covered at all times, even in hot weather
- unexplained cuts, bruises or cigarette burns, usually on the wrists, arms, thighs and chest
- unexplained blood stains on clothing or tissues
- signs that they have been pulling out their hair

Emotional signs

- becoming very withdrawn and not speaking to others
- signs of depression, such as low mood, tearfulness or a lack of motivation or interest in anything
- signs of low self-esteem, such as thinking they're not good enough
- talking about ending things or not wanting to go on

NHS.UK

Next Steps

your child is self-harming, here are some steps you can take:

Ensure Safety: If your child is in immediate danger, call emergency services or take them to a hospital.

Talk Openly: Calmly ask your child about their self-harm without being judgmental. Let them know you are there to support them.

Remove Harmful Items: Discard any items they may use to harm themselves, such as razors or sharp objects.

Seek Professional Help: from your GP or 111 in emergency **call 999**

Create a Supportive Environment: Foster an environment where your child feels safe to express their feelings and emotions.

Where to get help if your child is having a mental health crisis

Get advice from 111 or ask for an urgent GP appointment if:

Your child needs urgent help for mental health

Get help from 111 online or call 111 and select the mental health option.

111 will tell you the right place to get help. You may be able to speak to a trained mental health professional over the phone.

A GP can advise you about helpful treatments and also help you access mental health services.

Call 999 or go to A&E now if:

someone's life is at risk – for example, they have seriously injured themselves or taken an overdose

you do not feel you can keep yourself or someone else safe

A mental health emergency should be taken as seriously as a physical one. You will not be wasting anyone's time.

Call: 999

Whitley Abbey Primary School Mental Health and Wellbeing Referral Form



Name of child			
Class		Date	
Member of staff completing form			
Risk Management	Are you concerned that this child is at immediate risk of harming themselves or others? YES/NO if yes please see DMHL/DSL/DDSL immediately		
SEND needs	Is this child already working with SENDCO YES/NO		
Reason for referral <i>Please provide as much information as possible of your worries about the child's mental health and wellbeing.</i> <i>What is the impact on the child?</i> <i>How often is this behaviour occurring?</i> <i>How long has this behaviour been occurring?</i> <i>What is the impact on day to day wellbeing?</i> <i>What support/intervention have you already tried</i> <i>What is working well?</i> <i>What would you like to happen?</i>			
Strategies and interventions undertaken <i>Please complete fully</i> (please capture aim/focus of intervention, how many sessions completed, & outcome etc)			
Have you discussed these concerns with parent/carer? YES /NO			
To your knowledge are you aware if the child has had any mental health difficulties in the past?			
Action Plan			
Action	By whom	By when	
Update/Review Date / /			
Review			