



Together we Love, we Aim High and we Celebrate!

Mental Health and Well Being Policy

This guidance should be taken as part of the overall strategy of the school and operated within the context of our vision, aims and values as a Church of England School.

Headteacher: Mrs Nichola Chesterton

Chair of Governors: Mr Pete Luscombe

To be reviewed: September 2026

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

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 make a contribution to her or his community. (World Health Organization)

Here at Chilthorne Domer Church School, we recognise that in order to fulfil our vision and aims and promote a positive ethos in school, all children need the foundations of positive mental health to be able to shine both academically, personally and socially.

In addition, we aim to promote positive mental health for every member of our staff as well as our pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our medical policy in cases where a pupil's mental health and wellbeing overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The policy aims to:

- Promote positive mental health and wellbeing in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of poor mental health and wellbeing
- Provide support to staff working with young people with mental health and wellbeing issues
- Provide support to pupils 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 pupils. Staff with a specific, relevant remit include:

- Nichola Chesterton - Designated Safeguarding Lead / Safeguarding Officer and Mental Health First Aider
- Rebecca Denley – Deputy Designated Safeguarding Lead and Mental Health and Wellbeing Lead
- Dani Tooth - SENDCo
- Chloe Cahill – PSHE Lead
- Tracey Burnet – ELSA and Mental Health First Aider
- Lou White - ELSA and Mental Health First Aider

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead. If the pupil 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.

The role of the SENDCo in Mental Health and Well Being.

Not all pupils with a mental health concern are affected in the context of their learning. The SEND code of Practice 2015 defines one of the four areas of special educational need as being Social Emotional and Mental Health (SEMH). If a child's mental health is significantly impacting on their ability to learn, then in such a case poor mental health would also be considered as a special educational need. In this circumstance, the SENDCo and the Mental Health and Emotional Well Being Lead would work together to support the child and family. This support could be in the form of any or all of the following:

- Referral to charitable and or local organisation for support around the cause of the SEMH
- Referral to CAMHS for diagnosis and/or therapeutic support
- Referral to the GP or paediatrician to identify level and type of need
- Referral to the educational psychologist to support with managing the need within school

Individual Health Care Plans

It may be necessary to draw up a Health Care Plan (SEN Code of Practice 2015) 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 other 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
- The role the school can play

Teaching about Mental Health and Wellbeing

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling pupils to develop their skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance (Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (PSHE Association, 2015), available at www.pshe-association.org.uk/system/files/Mental%20health%20guidance_0.pdf) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix 2.

We will display relevant sources of support in communal areas and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 Amanda Seager, our Mental Health and Emotional Wellbeing 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
- An increase in lateness or absenteeism

Managing disclosures

A pupil 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 pupil 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 pupil's emotional and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively see Appendix 3.

All disclosures should be recorded on MyConcern and held on the pupil's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information will be shared with the mental health lead via MyConcern, who will store the record appropriately and offer support and advice about next steps. See Appendix 1 for guidance about making a referral to CAMHS.

Confidentiality

We will always be honest with regards to the issue of confidentiality. If we feel it is necessary for us to pass our concerns about a pupil on then we will discuss with the pupil:

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

We will never share information about a pupil without telling them first. Ideally we will receive their consent, although there are situations when information must be shared regardless of consent, such as if we believe a pupil to be at risk of harm.

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

Parents should be informed if there are concerns about their child's mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed in the first instance, but the Designated Safeguarding Lead, Richard Reid, must be informed immediately.

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 pupil, 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 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 aim to highlight further sources of information and other sources of support such as parent helplines and forums as well as giving parents leaflets to take away if possible as they will often find it hard to take much in whilst coming to terms with the information being shared.

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. We will always aim to finish each meeting with an agreed next step and a brief record of the meeting will be kept on the child's confidential record.

Working with All Parents

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
- 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 this policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers

When a pupil 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 pupil 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 friend 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

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe. We will share relevant information for staff who wish to learn more about mental health and wellbeing on staff noticeboards and through email communication.

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 to developing situations with one or more pupils.

Where the need to do so becomes evident, we will host twilight training sessions 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 [insert name], our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in September 2026. This policy will always be updated to reflect changes in personnel.

APPENDIX 1 – Making a Referral to CAMHS (Child and Adult Mental Health Service)

Referrals to the Single Point of Access (SPA) for CAMHS can be made by letter, using the CAMHS referral form, by telephone or through the EHA (Early Assessment Form). Referrals cannot currently be made by parents or the young person themselves.

SPA has clinicians available for telephone support on 0300 124 5012 from Monday to Friday between 9am and 4:30pm. The clinicians can advise on how to access the appropriate CAMHS service in a timely manner.

The Somerset NHS website, www.sompar.nhs.uk/what-we-do/children-and-youngpeople/professional/child-and-adolescent-mental-health-service-camhs/camhs-single-point-ofaccess contains links to the Eligibility Criteria for Somerset CAMHS as well as the referral form.

APPENDIX 2 – Local Support for Mental health and Wellbeing

Support available	Available to	How to access
ELSA – Emotional Literacy Support Assistant	Pupils	Referral by Class teacher to ELSA Lead or SENDCo
Parent Family Support Advisor	Pupils and their families	Referral by school
Care First	Staff	Direct dial telephone service
Lego Therapy	Pupils	Referral by Class teacher to SENDCo
Thrive	Pupils	Referral by class teacher to the in house Thrive practitioner

APPENDIX 3 – Handling a mental health disclosure well

Talking about mental health can be hard and disclosures need to be handled sensitively using the following guidelines:

- Avoid being interrupted if at all possible
- Ask simple, open, non-judgemental questions
- Avoid judgemental or patronising responses
- Speak calmly
- Maintain good eye contact
- Listen actively and carefully
- Encourage the person making the disclosure to talk, but be prepared for silences and be patient
- Show empathy and understanding
- Focus on the person, not the problem
- Don't make assumptions
- Record in writing, making sure any agreed actions or support are recorded and passed on to the appropriate person
- Never promise a child you will keep it a secret as the information may need to be shared for the child's safety.

The NSPCC has advice to help adults support a child struggling with their mental health: www.nspcc.org.uk/preventing-abuse/keeping-children-safe/mental-health-suicidal-thoughtschildren/